RETIFICAÇÃO DE MATRÍCULA

***INCLUSÃO ( ) EXCLUSÃO ( ) DE DISCIPLINAS***

Nome do Aluno:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Número USP : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) REGULAR ( ) ESPECIAL

Área de Concentração : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Período: 1º [ ] 2º [ ] 3º [ ]

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São Paulo, \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_

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Assinatura do Orientador/Tutor Assinatura do Aluno