**FORMULÁRIO PARA APLICAÇÃO DE PROVA SUBSTITUTIVA**

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| **Curso** | |  | | |
| **Docente** | |  | | |
| **Disciplina** | |  | | |
| **Data** |  | | **Sala** |  |
| **Horário** |  | | **Prazo** |  |

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| **N.º** | **Nome completo do discente** | **CPF/Matrícula** |
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