**AUTORIZAÇÃO DE AUXÍLIO FINANCEIRO AO ALUNO** **Nº: /20**

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| **ATIVIDADE CURRICULAR:** |

PROFESSOR RESPONSÁVEL: Data: / /20

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(Assinatura - carimbo)

Departamento/Instituto:

Telefone:

E-mail:

**Disciplina/Atividade acadêmica (código):**

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| --- | --- |
| **Local:** | **Data**: / /20 |

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(Assinatura do responsável pelo centro de custo - carimbo)

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| Empenho nº: /20 | Centro Custo (CC): |

**PROPPG / PROGRAD / PROEXT**

Parecer:

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Assinatura - Carimbo

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| PTRES: | FONTE: | RUBRICA: |
| PAGUE-SE | DATA: / /20 |

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ASSINATURA PROAF