**ANEXO 1**

**FORMULÁRIO PARA SOLICITAÇÃO DE RECONSIDERAÇÃO**

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, matrícula nº\_\_\_\_\_\_\_\_\_\_\_\_\_\_, discente do Curso  de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  do Campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, da Universidade Federal do Pampa, apresento solicitação de reconsideração sobre o resultado preliminar da Avaliação Acadêmica dos discentes beneﬁciários do Plano de Permanência, período letivo Inverno 2023. Os argumentos com os quais contesto a referida decisão são:

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Assinatura do/a Discente