**SOLICITAÇÃO DE PRORROGAÇÃO DE PRAZO DE PERMANÊNCIA NO PBP**

Eu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CPF n°\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, matrícula\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, beneficiário do Programa Bolsa Permanência (PBP), SOLICITO, nos termos do § 4o do Art. 5º da Portaria MEC no 389, de 09 de maio de 2013, alterada pela Portaria MEC no 1.999, de 10 de novembro de 2023, a prorrogação de prazo de permanência no PBP pelo seguinte motivo:

\* Informe na sequência a justificativa para sua solicitação. Encaminhe a solicitação assinada para o *e-mail* prodaepermanencia@unipampa.edu.br , anexando, caso haja, documentação que comprove suas justificativas.

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Local e data (Informar a Cidade, a UF e o dia, mês e ano)

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Assinatura do discente