**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 (PP) e Programa de Apoio Emergencial (PAE) , 1º semestre de 2024. Os argumentos com os quais contesto a referida decisão são:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 2024.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assinatura do/a Discente