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|  | Instituto Federal Sul-rio-grandenseCâmpus Pelotas – Visconde da GraçaDepartamento de Pesquisa, Extensão e Pós-graduação |  |

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| TERMO DE CONSENTIMENTO DO(A) ORIENTADOR(A) |

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SIAPE nº\_\_\_\_\_\_\_\_\_\_, professor(a) orientador(a) da(o) estudante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, venho informar pelo presente, que a(o) estudante realizou as sugestões sugeridas pela banca do trabalho intitulado \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pelotas, \_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 20\_\_\_\_.

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

Assinatura do(a) orientador(a)

Enviar este formulário para o e-mail vg-especializacaoppgcited@ifsul.edu.br