# UNIVERSIDADE FEDERAL DA PARAÍBA CENTRO DE CIÊNCIAS DA SAÚDE COORDENAÇÃO DO CURSO DE FISIOTERAPIA

**FORMULÁRIO**

**SOLICITAÇÃO DE REVISÃO DE AVALIAÇÃO DE APRENDIZAGEM**

(RESOLUÇÃO Nº 29/2020 – Título VII, Art. 81)

## Sr.(a) Coordenador(a) do Curso de Fisioterapia,

## Eu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, aluno(a) regularmente matriculado(a) no Curso de Fisioterapia, sob matrícula \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nos termos do art. 81, da Resolução 29/2020, venho requerer a revisão de avaliação de aprendizagem aplicada no dia \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_, pelo(a) docente \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, da disciplina \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, código \_\_\_\_\_\_\_\_\_\_\_\_\_, mediante fundamentos contidos abaixo:

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## João Pessoa, de de .

Assinatura do (a) aluno(a)

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