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| **Nome Completo** |  |
| **Matrícula** |  |
| **Celulares / Telefone / Ramal** |  |
| **E-mails** |  |

**RECURSO DO CANDIDATO**

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| Digite seu recurso aqui de forma digitada. |
| Lavras - MG \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_, Assinatura do candidato:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ANÁLISE DO RECURSO**

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