

| **RECURSO CONTRA A DECISÃO DA COMISSÃO DE HETEROIDENTIFICAÇÃO REFERENTE AO PROCESSO SELETIVO PARA OS CURSOS PRESENCIAIS DO IFMG**  |
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| CAMPUS: | CURSO: |
| --- | --- |
| NOME COMPLETO DO CANDIDATO: | Nº DE INSCRIÇÃO: |
| IDENTIDADE: | CPF: |  |
| NOME COMPLETO DO RESPONSÁVEL LEGAL (PARA MENORES DE 18 ANOS) |

Solicito, por meio deste recurso, revisão da avaliação de heteroidentificação e reconsideração da decisão com base nas justificativas apresentadas abaixo:

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 Cidade Data

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Assinatura do Candidato

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Assinatura do Responsável Legal (Para candidatos Menores de 18 anos)