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| **RECURSO CONTRA A DECISÃO DA COMISSÃO DE HETEROIDENTIFICAÇÃO**  |

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| NOME COMPLETO DO CANDIDATO: |
| CPF: | CURSO: |

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