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| C:\Users\ufc\Desktop\Arq diversos\nova_logo_ufc.jpg | **UNIVERSIDADE FEDERAL DO CEARÁ**  **FACULDADE DE MEDICINA**  **PROGRAMA DE PÓS-GRADUAÇÃO EM SAÚDE DA MULHER E DA CRIANÇA**  Rua:Prof. Costa Mendes,1608- 2º andar (Bloco Didático) - Fortaleza-Ce  Tel:(85) 3366.8057E-mail: mpsmc.ufc@gmail.com Site : www.mpsmc.ufc.br |

**FORMULÁRIO DE PEDIDO DE RECURSOS**

**PROCESSO SELETIVO – MESTRADO PROFISSIONAL EM SAÚDE DA MULHER E DA CRIANÇA– ANO 2018 Edital 01/2018**

# Nome: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Inscrição: \_\_\_\_\_\_\_\_\_\_

**E-mail do candidato**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

À COORDENAÇÃO DO PPG EM SAÚDE DA MULHER E DA CRIANÇA,

RECURSO REFERENTE A \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUSTIFICATIVA PARA O QUAL SE ENCAMINHA ESTE RECURSO:

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Fortaleza, \_\_\_\_\_\_\_ de \_ \_\_\_\_\_ de 2018.

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ASSINATURA DO CANDIDATO

Obs: Enviar para o e-mail: mpsmc.ufc@gmail.com