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| **UERJ/SR-2**  FOTO  3 X 4 | **GERÊNCIA DE CURSOS DE ESPECIALIZAÇÃO** | |
| **FESP 11 – V 2.0** | **F O R M U L Á R I O D E M A T R Í C U L A** |

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| **01. INGRESSO** | | | | **02. IDENTIFICAÇÃO** | | | | | | | | |
| **ANO** | | **PERÍODO** | | **CENTRO número** | | **UNID.**  **sigla** | | | **CURSO**  **sigla** | | | |
| **2024** |  | **1º** |  |  |  |  |  |  |  |  |  |  |

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| **03. NOME DO CURSO / PROGRAMA**  **PÓS GRADUAÇÃO EM ENFERMAGEM EM ESTOMATERAPIA** | **04. MATRÍCULA - SIM ( ) NÃO ( )**   REMATRÍCULA - SIM ( ) NÃO ( ) **(2ª seleção ao curso)** |
| **05. DATA DE INÍCIO DO CURSO (1º dia de aula)**  **\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** |

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| **06. NOME DO ALUNO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **07. CPF ( )** | | | | | | | | | | | | | | | | | | | | | | | | | **Número** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **08. MATRÍCULA (USO SR-2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REG. DE ESTRANGEIRO ( )** | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | |  | | | |  | | | **-** | | |  | | | |  | | |  | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | | |
| **09. NOME DO PAI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **10. NOME DA MÃE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **11. NASCIMENTO** | | | | | | | | | | | | | | | | | | | **12. CIDADE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **13. PAÍS/UF** | | | | | | | | | | | | |
| **DIA** | | | | | | **MÊS** | | | | | | **ANO** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| **14. ENDEREÇO (Rua, Avenida, etc...)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **15. NÚMERO** | | | | | | | |
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| **16. COMPLEMENTO** | | | | | | | | | | | | | | | | | | | | | | | **17. BAIRRO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **18. CEP** | | | | | | | | | | | | | | | | | | |
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| **19. CIDADE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **20. UF** | | | | | | | | | | **21. TELEFONE PARA RECADO (CELULAR / FIXO)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **22. TELEFONE CELULAR COM DDD**  **( )** | **23. E-MAIL: (LEGÍVEL - favor usar letras maiúsculas)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **24. TIPO DE DOCUMENTO** | **25. NÚMERO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **( ) Carteira de Identidade** |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | |  |  |  |  |
| **( ) Passaporte** | **26. ÓRGÃO EMISSOR** | | | | | | | | | | | | | | | | | | | | | | **27. UF** | | | | **28. DATA** | | |
| **( ) Registro de Estrangeiro** |  | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| **29. DENOMINAÇÃO DO CURSO DE GRADUAÇÃO PLENA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **30. NOME DA INSTITUIÇÃO QUE CURSOU A GRADUAÇÃO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **31. ANO DO** | | | | **32. SIGLA DA INSTITUIÇÃO** | | | | | | | | | | | | | | | | | | **33. CIDADE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **34. PAÍS/UF** | | | | |
| **TÉRMINO** | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| **35. EXERCE A ATIVIDADE DOCENTE?**  **( ) SIM**  **( ) NÃO** | **36. DOCENTE EDUCAÇÃO SUPERIOR?**  **( ) UERJ**  **( ) Outra Instituição de Ensino Superior** | **37. DOCENTE EDUCAÇÃO BÁSICA?**  **( ) EDUCAÇÃO INFANTIL**  **( ) ENSINO FUNDAMENTAL**  **( ) ENSINO MÉDIO / TÉCNICO** |

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| ASSUMO A RESPONSANBILIDADE DAS INFORMAÇÕES AQUI PRESTADAS  DATA \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_    **Assinatura do Aluno** | **CONFERE A DOCUMENTAÇÃO**  **Assinatura do Servidor** | **AUTORIZO A MATRÍCULA**  **Assinatura do Coordenador** |