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| Formulário de Recebimento do TCC pela Banca Examinadora – 2024 |

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| **Nome Completo do(a) Acadêmico(a):** | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Código da Disciplina:** |  |  |  |  |  | **Habilitação:** |  | **Licenciatura** |  | **Bacharelado** |

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| **Telefone:** |  |  | **E-mail:** |  |

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| **Título Completo do TCC:** | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Membros Titulares da Banca** | | | | | | | | | | | | | | | | | | | **Visto de Recebimento** |
| **Titulação e nome completo do(a) orientador(a):** | | | | | | | | | | | | | | | | | | |  |
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| **Titulação e nome completo do(a) membro(a) da banca:** | | | | | | | | | | | | | | | | | | |  |
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| **Membros Suplentes da Banca** | | | | | | | | | | | | | | | | | | | **Visto de Recebimento** |
| **Titulação e nome completo do(a) membro(a) da banca:** | | | | | | | | | | | | | | | | | | |  |
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| **Data da Apresentação** | | | | | | | | **Horário da Apresentação** | | | | | | **Local da Apresentação** | | | | | | | |
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