**ANEXO I**

**REQUERIMENTO DE MATRÍCULA – PROJETO DE EXTENSÃO**

|  |  |
| --- | --- |
| **CURSO:** | |
| **MODALIDADE DE ENSINO:** ( )Presencial ( )Distância ( )Semipresencial | **TURNO:** |

**DADOS PESSOAIS**

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

Data de nasc.\_\_\_/\_\_\_/\_\_\_\_\_\_\_ Nacionalidade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Naturalidade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UF:\_\_\_\_

RG:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Órgão expedidor:\_\_\_\_\_\_\_\_\_\_\_ CPF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vínculo com IFMG Ribeirão das Neves: ( )Aluno ( )Egresso ( )Comunidade externa

Nome do pai:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nome da mãe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nome do Responsável:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endereço:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nº:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bairro:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cidade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_Telefone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Celular: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grau de instrução: ( ) Ens. Primário ( ) Ens. Fundamental ( ) Ens. Médio ( ) Ens. Superior ( ) Pós Graduação

Ribeirão das Neves, \_\_\_\_, de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assinatura do aluno(a) ou representante legal (Por extenso):

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**IFMG – RIBEIRÃO DAS NEVES**

1. **COMPROVANTE DE INSCRIÇÃO/MATRÍCULA**

|  |  |  |
| --- | --- | --- |
| NOME: | | DATA: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ |
| CURSO: | Responsável: | |