

INSTITUTO FEDERAL DE EDUCAÇÃO, CIÊNCIA E TECNOLOGIA DE PERNAMBUCO

*CAMPUS* IGARASSU

DIREÇÃO DE ENSINO

DIVISÃO DE APOIO AO ENSINO E AO ESTUDANTE

COORDENAÇÃO DE SERVIÇO SOCIAL

**Requerimento de solicitação do Programa de Benefício Eventual**

Nome do estudante:

CPF:

Telefone:

Curso:

Matrícula:

**Descreva aqui as razões que justificam a solicitação de acesso ao Programa de Auxílio Financeiro, conforme a Política de Assistência Estudantil do IFPE (2012):**

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**Data: \_\_\_\_/\_\_\_\_/\_\_\_\_ Assinatura do estudante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**