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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **UNIVERSIDADE ESTADUAL DO MARANHÃO**  marcas_brasao2  marca CAPES  **PRÓ-REITORIA DE PESQUISA E PÓS-GRADUAÇÃO**  **CENTRO DE CIÊNCIAS AGRÁRIAS**  **MESTRADO PROFISSIONAL EM DEFESA SANITÁRIA ANIMAL**  **mestradodsa@gmail.com** | | | | | | | | **FICHA DE INSCRIÇÃO** | | | | | | | | Nome do Candidato: | | | | | | | | Endereço: | | | | | | | | Cidade: | UF: | | CEP: | | | Fone(s): | | E-mail: | | | | | | | **FORMAÇÃO ACADÊMICA** | | | | | | | | **Graduação:**  **(Curso)** | Instituição: | | | | País: | Ano de Conclusão: | | **Pós-Graduação *Lato sensu*:**  **(Nome do curso)** | | Instituição: | | | | Ano de Conclusão: | | **Pós-Graduação *Stricto sensu*:** | | Instituição: | | | | Ano de Conclusão: | | **DADOS PROFISSIONAIS** | | | | | | | | Nome da Empresa: | | | | Setor de Atuação: | | | | Cidade: | UF: | | | CEP: | | Fone: | | **Termo de Compromisso**  Declaro estar de acordo com as normas, procedimentos e critérios estabelecidos para a inscrição, seleção e funcionamento do Curso, bem como, se selecionado, adotar os regulamentos usuais da Instituição Promotora e dedicar-me às atividades do Mestrado. | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Local Data Assinatura do Candidato | | | | | | |   Concordância da Instituição:  Data: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assinatura e carimbo |