**PEDIDO DE AUTORIZAÇÃO DE REPOSIÇÃO DE AULAS**

***ANO LETIVO 20******/20***

O professor(a)       do grupo       solicita:

 **Reposição da aula**

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| **Ano** | **Turma** | **Disciplina/ACND** | **Data** | **Hora** | **Sala** |
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**Para a aula**

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AGJ,   /  /     Assinatura do professor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reposição da aula**

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AGJ,   /  /     Assinatura do professor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_