**TERMO DE DESLIGAMENTO DE EXTENSÃO**

|  |  |  |
| --- | --- | --- |
| **CATEGORIA** | **BOLSISTA** |  |
|  | **VOLUNTÁRIO** |  |

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, regularmente matriculado(a) no \_\_\_\_\_ semestre do Curso de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, matrícula \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, venho por meio deste termo oficializar o meu desligamento da função de Extensionista da Extensão\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, vinculado ao curso de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a partir desta data \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_.

Juazeiro do Norte, CE \_\_\_\_de\_\_\_\_\_\_\_\_\_\_\_\_\_de 20\_\_\_.

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

**Assinatura do Extensionista** **Professor Responsável**

**PARA USO DO COPEX/NAPI**

Informar motivo do desligamento.

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Visto COPEX