**ANEXO 12 – FORMULÁRIO DE INTERPOSIÇÃO DE RECURSOS E PEDIDOS DE RECONSIDERAÇÃO[[1]](#footnote-1)**

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, número da inscrição: \_\_\_\_\_\_\_\_\_\_\_\_\_, Linha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, abaixo assinado(a), venho, através do presente, em grau de RECURSO, solicitar a revisão da nota/resultado da fase \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, e deferimento do resultado inicial, pelas razões abaixo expostas:

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João Pessoa, PB, \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/2023.

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Assinatura do(a) requerente

1. *Os pedidos de reconsideração serão julgados pela Comissão de Seleção, que terá o prazo de 2 (dois) dias úteis, contados a partir do término do prazo de apresentação do pedido, para análise e divulgação de parecer.* [↑](#footnote-ref-1)