**ACEITE DO ORIENTADOR**

Eu,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declaro à Coordenação do Programa de Pós-Graduação em \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, que aceito orientar o (a) pós-graduando (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Rio Verde \_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_

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Assinatura do Orientador