**  
COURSE WITHDRAWAL REQUEST**

Dear POSMEC Coordinator:

( ) Masters ( ) Doctorate

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and student ID) student of the Postgraduate Program in Mechanical Engineering (Programa de Pós Graduação em Engenharia Mecânica – POSMEC), am hereby requesting the withdrawal from the course, due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Florianópolis, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_, \_\_\_\_\_\_\_\_\_.

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 Student’s signature Supervisor’s signature