MINISTRY OF EDUCATION

FEDERAL UNIVERSITY OF LATIN AMERICAN INTEGRATION

DEAN'S OFFICE FOR INSTITUTIONAL AND INTERNATIONAL RELATIONS

ENCLOSURE IX

APPEAL FORM

I,_____,
_____ (nationality), holder of document # _____,
hereby wish to lodge an appeal due to the following facts and reasons:

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_____, _____/_____/_____.
(Place) (Date)

_____
Applicant's Signature