**ANEXO 1**

**PÓS-GRADUAÇÃO EM SAÚDE COLETIVA**

**IRR/FIOCRUZ/MINAS**

**CARTA DE INTERESSE EM DISCIPLINA ISOLADA - ALUNOS EXTERNOS**

Por que você está interessado (a) em cursar esta disciplina?

(Justifique – 1 para cada disciplina)

**DISCIPLINA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Belo Horizonte, \_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 20\_\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assinatura do Candidato**