

|  | **INSTITUTO FEDERAL DO CEARÁ**   1. Campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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1. **RELATÓRIO MENSAL DE ATIVIDADES**

| NOME DO ESTAGIÁRIO | | MATRÍCULA |
| --- | --- | --- |
| CURSO | | FONE |
| PROFESSOR ORIENTADOR DO IFCE | SUPERVISOR DA CONCEDENTE | |

| ANO | | MÊS | |
| --- | --- | --- | --- |
| CH TOTAL PREVISTA NO ESTÁGIO | N° DE HORAS ESTAGIADAS NO MÊS | | N° DE HORAS ACUMULADAS |

| Descreva abaixo as principais atividades desenvolvidas no estágio durante o mês. |
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| Descreva as dificuldades encontradas. | Descreva as soluções adotadas. |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CE, \_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 20\_\_\_\_

| Estudante Estagiário |  | Supervisor |  | Professor Orientador  (Assinatura e SIAPE) |
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