

|  | **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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