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|  | **UNIVERSIDADE FEDERAL DO OESTE DO PARÁ**  **INSTITUTO DE CIÊNCIAS DA EDUCAÇÃO** |

**Ficha de Controle de Frequência no Estágio Supervisionado em \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Semestre letivo: \_\_\_\_\_\_\_\_\_\_\_

Estagiário(a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professor(a) regente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professor(a) orientador(a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Escola campo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cidade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Data** | **Hora de**  **entrada** | **Hora de**  **saída** | **Duração (h/a)** | **Atividade** | **Assinatura do professor supervisor**  **(regente)** |
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| **Data** | **Hora de**  **entrada** | **Hora de**  **saída** | **Duração (h/a)** | **Atividade** | **Assinatura do professor supervisor**  **(regente)** |
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| **Data** | **Hora de**  **entrada** | **Hora de**  **saída** | | **Duração (h/a)** | **Atividade** | **Assinatura do professor supervisor**  **(regente)** |
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| **Total de horas** | | |  | |  |  |

Certifico, que as atividades acimas descritas foram cumpridas pelo (a) estagiário (a).

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Assinatura do Professor Regente

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Assinatura do Discente

ASSINATURA DO PROFESSOR ORIENTADOR (UFOPA)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATA: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_