**PROGRAMA DE MONITORIA**

**ANEXO 3 - AVALIAÇÃO DE ATIVIDADES DO MONITOR**

( ) Monitor bolsista (Portaria GR 493/98 de 21/07/98)

( ) Monitor voluntário (Resolução CEPE 429/02 de 29/11/02)

Departamento :

Nome do Monitor: Matrícula:

Curso:

Disciplina:

Carga Horária:

Orientador:

# AVALIAÇÃO DAS ATIVIDADES DESENVOLVIDAS

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Orientador

 Conselho Departamental: Data \_\_\_/\_\_\_/\_\_\_\_\_.

Parecer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Observação: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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São Carlos, .......... de ...............................de ...........

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Chefe do Departamento