**Universidade Federal Do Ceará**

**Centro de Tecnologia**

**Coordenação do Curso de Engenharia Metalúrgica**

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**ANEXO I**

**MODELO DE PLANO DE TRABALHO DE ESTÁGIO**

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Dados da Unidade Concedente** | | | | | | | | Razão Social: | | | | | | | | CNPJ: | | | Telefone: | | | | | Ramo de atividade: | | | | | | | | Supervisor(a): | | | | | | | | Cargo do(a) supervisor(a): | | | | | | | | E-mail: | | | | | | | | **Dados do(a) Estagiário(a)** | | | | | | | | Nome: | | Telefone: | | | E-mail: | | | Curso: | | Matrícula: | | | Semestre atual: | | | Jornada de Trabalho Semanal: | | Horário do Estágio: | | | | | | **Dados do(a) Docente Orientador(a)** | | | | | | | | Nome: | | | | | | Siape: | | **Dados do Plano de Trabalho** | | | | | | | | 1) Período: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ a \_\_\_\_/\_\_\_\_/\_\_\_\_\_;  2) Objetivos;  3) Atividades previstas;  4) Competências do projeto pedagógico (gerais e específicas), contempladas no Plano de Trabalho; | | | | | | | | **Manifestação de concordância entre as partes:** | | | | | | | | Supervisor(a) da  Unidade Concedente | Estagiário(a) | | | Docente Orientado(a) | | | | Assinatura: | Assinatura: | | | Assinatura: | | | | Data:  \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ | Data:  \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ | | | Data:  \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ | | | |

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**ANEXO II**

**AVALIAÇÃO DO(a) SUPERVISOR(A) do ESTÁGIO**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Dados da Instituição de Ensino** | | | | | | | | | | | | | | | | | Nome: Universidade Federal do Ceará – UFC | | | | CNPJ: 07.272.636/0001-31 | | | | | | | | | | | | | Rep. Legal: | | | | Coord. Agência de Estágios: | | | | | | | | | | | | | **Dados da Unidade Concedente** | | | | | | | | | | | | | | | | | Razão Social: | | | | | | | | | | | | | | | | | CNPJ: | | | | Telefone: | | | | | | | | | | | | | Supervisor(a): | | | | | | | | | | | | | | | | | Cargo do supervisor(a): | | | | | | | | | | | | | | | | | E-mail: | | | | | | | | | | | | | | | | | **Dados do(a) Estagiário(a)** | | | | | | | | | | | | | | | | | Nome: | | Telefone: | | | | | | | | E-mail: | | | | | | | Curso: | | Matrícula: | | | | | | | | Semestre atual: | | | | | | | Jornada de Trabalho Semanal: | | Horário das atividades: | | | | | | | | | | | | | | | **Dados do(a) Docente Orientador(a)** | | | | | | | | | | | | | | | | | Nome: | | | | | | | | | Siape: | | | | | | | | **Período da Avaliação:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_ a \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | | | | | | | | | | | | Senhor(a) Avaliador(a),  Para cada item, atribua ao desempenho do(a) estudante-estagiário(a) de 0 ponto (pior desempenho) a 10 pontos (desempenho máximo), assinalando a respectiva avaliação na própria escala de pontuação. | | | | | | | | | | | | | | | | | **Fatores de Avaliação** | 0 | | 1 | | 2 | 3 | 4 | 5 | | | 6 | 7 | 8 | 9 | 10 | | Assiduidade/Pontualidade |  | |  | |  |  |  |  | | |  |  |  |  |  | | Iniciativa |  | |  | |  |  |  |  | | |  |  |  |  |  | | Espírito Cooperador |  | |  | |  |  |  |  | | |  |  |  |  |  | | Disciplina |  | |  | |  |  |  |  | | |  |  |  |  |  | | Relacionamento |  | |  | |  |  |  |  | | |  |  |  |  |  | | Cumprimento das Tarefas |  | |  | |  |  |  |  | | |  |  |  |  |  | | Desenvolvimento |  | |  | |  |  |  |  | | |  |  |  |  |  | | Inovação |  | |  | |  |  |  |  | | |  |  |  |  |  | | Responsabilidade |  | |  | |  |  |  |  | | |  |  |  |  |  | | Aprovação no Geral |  | |  | |  |  |  |  | | |  |  |  |  |  | | \* Nota Final (Somatória de pontos dos dez itens avaliados ÷ 10): \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | Resumo das Atividades desenvolvidas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | Comentários do Supervisor (Opcional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |   \*\*Declaro, para fins de comprovação junto à Coordenação do Curso de Engenharia Metalúrgica, que o (a) discente acima indicado (a) realizou estágio sob minha responsabilidade pelo período constante nesta avaliação.  Fortaleza - CE, \_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_.  Assinatura  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nome Completo do(a) Supervisor(a) |

**Universidade Federal Do Ceará**

**Centro de Tecnologia**

**Coordenação do Curso de Engenharia Metalúrgica**

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**ANEXO III**

**RELATÓRIO FINAL DE ESTÁGIO**

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Dados da Unidade Concedente** | | | | | | Razão Social: | | | | | | CNPJ: | | Telefone: | | | | Ramo de atividade: | | | | | | Supervisor(a): | | | | | | Cargo do supervisor(a): | | | | | | E-mail: | | | | | | **Dados do(a) Estagiário(a)** | | | | | | Nome: | Telefone: | | E-mail: | | | Curso: | Matrícula: | | Semestre atual: | | | Jornada de Trabalho Semanal: | Horário do Estágio: | | | | | **Dados do(a) Docente Orientador(a)** | | | | | | Nome: | | | | Siape: | | **Dados do Relatório** | | | | | | 1) Período: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ a \_\_\_\_/\_\_\_\_/\_\_\_\_\_;  2) Objetivos;  3) Atividades previstas;  4) Competências do projeto pedagógico (gerais e específicas), contempladas no Plano de Trabalho;  5) Descrição detalhada de atividades realizadas, incluindo fotos, desenhos, algoritmos computacionais, memoriais de cálculo, planilhas etc, que comprovem tais atividades realizadas;  6) Justificativa para as atividades previstas no Plano de Trabalho, bem como alegações das atividades não realizadas;  7) Conclusão, ressaltando quais objetivos do estágio foram atingidos. | | | | |     Fortaleza, \_\_\_ de \_\_\_\_\_ de 20\_\_.  Assinatura do(a) Discente  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nome Completo do Discente  Matrícula nº |

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**Centro de Tecnologia**

**Coordenação do Curso de Engenharia Metalúrgica**

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**ANEXO IV**

**MODELO DE PLANO DE TRABALHO**

**ATIVIDADES DE EXTENSÃO, DE MONITORIA E DE INICIAÇÃO CIENTÍFICA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Dados do Programa ou Projeto** | | | | | | | | | Título do Programa (ou Projeto): | | | | | | | | | Pró-Reitoria da UFC a que o programa (ou projeto) é vinculado: | | | | | | | | | Título da Pesquisa: | | | | | | | | | Orientador(a): | | Telefone: | | | E-mail: | | | | **Dados do(a) Discente** | | | | | | | | | Nome: | | | Telefone: | | | E-mail: | | | Curso: | | | Matrícula: | | | Semestre atual: | | | Jornada de Trabalho Semanal: | | | Horário das atividades: | | | | | | **Dados do(a) Docente Orientador(a) do Curso** | | | | | | | | | Nome: | | | | | | | Siape: | | **Dados do Plano de Trabalho** | | | | | | | | | 1) Período: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ a \_\_\_\_/\_\_\_\_/\_\_\_\_\_;  2) Resumo da pesquisa;  2) Objetivos;  3) Atividades previstas;  4) Competências do projeto pedagógico (gerais e específicas), contempladas no Plano de Trabalho. | | | | | | | | | **Manifestação de concordância entre as partes:** | | | | | | | | | Orientador (a) da  Pesquisa | Discente | | | Docente Orientador (a) do Curso | | | | | Assinatura: | Assinatura: | | | Assinatura: | | | | | Data:  \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ | Data:  \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ | | | Data:  \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ | | | | |

**Universidade Federal Do Ceará**

**Centro de Tecnologia**

**Coordenação do Curso de Engenharia Metalúrgica**

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**ANEXO V**

**RELATÓRIO DE ATIVIDADES**

**EXTENSÃO, MONITORIA E INICIAÇÃO CIENTÍFICA**

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Dados do Programa ou Projeto** | | | | | | | Título do Programa (ou Projeto): | | | | | | | Pró-Reitoria da UFC a que o programa (ou projeto) é vinculado: | | | | | | | Título da Pesquisa: | | | | | | | Orientador (a): | Telefone: | | E-mail: | | | | **Dados do(a) Discente** | | | | | | | Nome: | | Telefone: | | E-mail: | | | Curso: | | Matrícula: | | Semestre atual: | | | Jornada de Trabalho Semanal: | | Horário das atividades: | | | | | **Dados do(a) Docente Orientador(a) do Curso** | | | | | | | Nome: | | | | | Siape: | | **Dados do Relatório** | | | | | | | 1) Período: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ a \_\_\_\_/\_\_\_\_/\_\_\_\_\_;  2) Resumo da pesquisa;  3) Objetivos;  4) Atividades previstas;  5) Competências do projeto pedagógico (gerais e específicas), contempladas na pesquisa;  6) Descrição detalhada de atividades realizadas, incluindo fotos, desenhos, algoritmos computacionais, memoriais de cálculo, planilhas, etc., que comprovem tais atividades realizadas;  7) Justificativa para as atividades previstas na pesquisa, bem como alegações das atividades não realizadas;  8) Conclusão, ressaltando quais objetivos da pesquisa foram atingidos. | | | | | |     Fortaleza, \_\_\_ de \_\_\_\_\_ de 20\_\_.  Assinatura do(a) Discente  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nome Completo do Discente  Matrícula nº |

**Universidade Federal Do Ceará**

**Centro de Tecnologia**

**Coordenação do Curso de Engenharia Metalúrgica**

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**ANEXO VI**

**AVALIAÇÃO DO(a) ORIENTADOR(A)**

**ATIVIDADES DE EXTENSÃO, MONITORIA E INICIAÇÃO CIENTÍFICA**

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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Dados do Programa ou Projeto** | | | | | | | | | | | | | | | Título do Programa (ou Projeto): | | | | | | | | | | | | | | | Pró-Reitoria da UFC a que o programa (ou projeto) é vinculado: | | | | | | | | | | | | | | | Título da Pesquisa: | | | | | | | | | | | | | | | Orientador(a): | | | Telefone: | | | | | E-mail: | | | | | | | **Dados do(a) Discente** | | | | | | | | | | | | | | | Nome: | | | Telefone: | | | | | E-mail: | | | | | | | Curso: | | | Matrícula: | | | | | Semestre atual: | | | | | | | Jornada de Trabalho Semanal: | | | Horário das atividades: | | | | | | | | | | | | **Dados do(a) Docente Orientador(a) do Curso** | | | | | | | | | | | | | | | Nome: | | | | | | | | Siape: | | | | | | | **Período da Avaliação:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_ a \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | | | | | | | | | | Senhor(a) Avaliador(a),  Para cada item, atribua ao desempenho do(a) estudante de 0 ponto (pior desempenho) a 10 pontos (desempenho máximo), assinalando a respectiva avaliação na própria escala de pontuação. | | | | | | | | | | | | | | | **Fatores de Avaliação** | 0 | 1 | | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | 10 | | Assiduidade/Pontualidade |  |  | |  |  |  |  | |  |  |  |  |  | | Iniciativa |  |  | |  |  |  |  | |  |  |  |  |  | | Espírito Cooperador |  |  | |  |  |  |  | |  |  |  |  |  | | Disciplina |  |  | |  |  |  |  | |  |  |  |  |  | | Relacionamento |  |  | |  |  |  |  | |  |  |  |  |  | | Cumprimento das Tarefas |  |  | |  |  |  |  | |  |  |  |  |  | | Desenvolvimento |  |  | |  |  |  |  | |  |  |  |  |  | | Inovação |  |  | |  |  |  |  | |  |  |  |  |  | | Responsabilidade |  |  | |  |  |  |  | |  |  |  |  |  | | Aprovação no Geral |  |  | |  |  |  |  | |  |  |  |  |  | | \* Nota Final (Somatória de pontos dos dez itens avaliados ÷ 10): \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | Resumo das Atividades desenvolvidas:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | Comentários do Supervisor (Opcional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |   \*\*Declaro, para fins de comprovação junto à Coordenação do Curso de Engenharia Metalúrgica, que o (a) discente acima indicado (a) atuou na pesquisa supramencionada sob minha responsabilidade pelo período constante nesta avaliação.  Fortaleza - CE, \_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_.    Assinatura  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nome Completo do(a) Orientador(a) |