**SOLICITAÇÃO DE MATRÍCULA**

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| **DADOS DO ESTAGIÁRIO** | | | | | | |
| Nome: |  | | | | Telefone: |  |
| Matrícula: | |  | e-mail: |  | | |

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| **DADOS DO PROFESSOR ORIENTADOR** | | |
| Nome: |  | |
| Depto de vínculo: | |  |
| e-mail: |  | |

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| **DADOS DA EMPRESA** | | | | | | | | | | | |
| Razão Social | | |  | | | | | | | | |
| CNPJ: | |  | | | | | Telefone: | | |  | |
| Endereço: | |  | | | | | | | | | |
| Cidade: | |  | | | | | Estado: | |  | | |
| Atividade principal: | | | |  | | | | | | | |
| Representante Legal: | | | | |  | | | | | |
| CPF: |  | | | | | Cargo: | |  | | |
| e-mail: |  | | | | | | | | | |

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| **DADOS DO SUPERVISOR DA EMPRESA** | | | | |
| Nome: |  | | | |
| Cargo / Formação: | |  | | |
| CREA: |  | | CPF: |  |
| e-mail: |  | | | |

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| **PLANO DE ATIVIDADES** |
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|  |  | Caraúbas – RN, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assinatura do aluno-requerente | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assinatura do professor orientador |