

**MINISTÉRIO DA EDUCAÇÃO**

**SECRETARIA DE EDUCAÇÃO PROFISSIONAL E TECNOLÓGICA**

**INSTITUTO FEDERAL DE EDUCAÇÃO, CIÊNCIA E TECNOLOGIA**

***CAMPUS* IGARASSU**

**RELATÓRIO DAS ATIVIDADES DE ESTÁGIO**

**(MÊS)**

**ALUNO(A):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MATRÍCULA:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CURSO:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERÍODO:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERÍODO DO ESTÁGIO DE \_\_**/**\_\_**/ 20**\_\_** **ATÉ \_\_**/**\_\_**/ 20**\_\_**

**LOCAL DE ESTÁGIO:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ATIVIDADES REALIZADAS

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NOTIFIQUE AQUI MÁQUINAS, APARELHOS, EQUIPAMENTOS E INSTRUMENTOS UTILIZADOS

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| **CARGA HORÁRIA MENSAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** HORAS  REALIZAÇÃO DO ESTÁGIO – HORÁRIOS:  **DE 2ª À 6ª de \_\_\_\_\_** h **\_\_\_\_\_** min. às **\_\_\_\_\_**h **\_\_\_\_\_** min. ***e de* \_\_\_\_\_**h **\_\_\_\_\_** min. às **\_\_\_\_\_** h **\_\_\_\_\_\_** min. |
| --- |
| **SUPERVISOR DO ESTÁGIO:**  NOME: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** CARGO: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  FORMAÇÃO: 2º GRAU COMPLETO ( ) SUPERIOR INCOMPLETO ( ) SUPERIOR ( )  PÓS-GRADUAÇÃO ( ) MESTRADO ( ) DOUTORADO ( ) OUTROS ( ) |

**Igarassu , \_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 20\_\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Supervisor da Empresa Visto do Orientador do IFPE – campus Igarassu

(Carimbo/ identificação)