**SOLICITAÇÃO DE CONCESSÃO DE BOLSA**

# FORMULÁRIO B

**PLANO DE TRABALHO**

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| **DADOS DO CANDIDATO** |
| **Nome Completo**: |
| **Celular com DDD**: |
| **E-mail**: |
| **Nome do responsável direto pelas atividades do Candidato**: |
| **Instituto e Divisão ou Departamento e Disciplina onde atua o Responsável pelo Candidato**: |
| **Período previsto para a Bolsa**:  **Início: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Término: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_** |
| **Título do Projeto / Programa / Formação**: |
| **Número do CG**: |
| **Número de controle da bolsa (uso exclusivo da FFM)**: |

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| **DADOS DO PROJETO** |
| **1- RESUMO DO TRABALHO / ATIVIDADES A SEREM DESENVOLVIDAS PELO BOLSISTA**: |
| **2- OBJETIVOS A SEREM ATINGIDOS**: |
| **3- METODOLOGIA DO TRABALHO E ATIVIDADES A SEREM DESENVOLVIDAS:** |

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| **4- CRONOGRAMA DE EXECUÇÃO**:   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **MÊS** | | | | | | | | | | | | | **ATIVIDADE** | **01** | **02** | **03** | **04** | **05** | **06** | **07** | **08** | **09** | **10** | **11** | **12** | | **1.** |  |  |  |  |  |  |  |  |  |  |  |  | | **2.** |  |  |  |  |  |  |  |  |  |  |  |  | | **3.** |  |  |  |  |  |  |  |  |  |  |  |  | | **4.** |  |  |  |  |  |  |  |  |  |  |  |  | | **5.** |  |  |  |  |  |  |  |  |  |  |  |  | |  | | | | | | | | | | | | | | | |
| **DATA (DIA/MÊS/ANO):**  \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ASSINATURA DO CANDIDATO** |

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| **PARECER CONSUBSTANCIADO (DETALHADO) DO RESPONSÁVEL** PELO CANDIDATO | |
| **Comentar sobre a qualificação/formação do candidato para executar o plano de trabalho e justificar o nível de bolsa escolhido.** | |
| **DATA (DIA/MÊS/ANO):**  \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | **Nome Completo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ASSINATURA** |
| **De acordo do Responsável pelo CG** | |
| **Nome Completo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ASSINATURA E CARIMBO** | |