**FUNDAÇÃO UNIRG**

**CENTRO UNIVERSITÁRIO UNIRG**

**RELATÓRIO DE FREQUÊNCIA SEMESTRAL DE MONITORIA**

**SEMESTRE: \_\_\_\_\_\_\_/\_\_\_\_\_\_**

**DEPARTAMENTO/DISCIPLINA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALUNO (a) MONITOR (a):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FONE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Período da Monitoria: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total de horas: \_\_\_\_ horas**

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| **DATA** | **ATIVIDADES** | **HORÁRIO** | **C.H.** | **ASSINATURA DO PROFESSOR RESPONSÁVEL** |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Monitor(a) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Professor / Responsável | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Coordenação de Odontologia |

Gurupi-TO, \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_.