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| FORMULÁRIO PARA SOLICITAÇÃO DE AUXÍLIO – PROFESSOR  (LIMITE DE 1 PEDIDO A CADA 12 MESES, POR DOCENTE)   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | DADOS DO DOCENTE SOLICITANTE | | | | | | | | | | | | Nome Completo: | | | | | | | | | | | | CPF: E-mail: | | | | | | | | | | | | Tem Projeto financiado/participa? | | Sim | | |  | Não | |  | Agência? | | | Solicitou ou tem auxílio de outra fonte?: | Sim | |  | Não |  | Qual? |  | | Valor: | R$ |   **PARTICIPAÇÃO EM EVENTOS CIENTÍFICOS** |

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| VALOR DO TOTAL DO ORÇAMENTO (taxa de inscrição e diárias) R$ |

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| DADOS SOBRE O EVENTO |
| Nome do Evento: |
|  |
| Local: |
| Data: |
| Título do Trabalho: |
|  |
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| MANIFESTAÇÃO DA COMISSÃO DE GESTÃO |
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| **Deferido** |  |
| **Indeferido** |  |

DATA : \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

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| VALOR APROVADO: R$ |

Assinatura do Coordenador: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_