

**UNIVERSIDADE FEDERAL DO RIO GRANDE DO NORTE**

**CENTRO DE CIÊNCIAS HUMANAS, LETRAS E ARTES**

**SECRETARIA INTEGRADA DAS GRADUAÇÕES EM ARTES E DESIGN**

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| **INFORMAÇÕES PARA CADASTRAMENTO DE ESTAGIÁRIOS** |

**DADOS DO ESTÁGIO**

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| DISCENTE:  | MATRÍCULA:  |
| CARGA HORÁRIA SEMANAL: | ALTERNA TEORIA E PRÁTICA: ( )SIM ( ) NÃO |
| VALOR DA BOLSA\*:\*(se houver) | VALOR AUX. TRANSPORTE\*:\*(se houver): |

**LOCAL DE ESTÁGIO**

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| NOME: |
| CPF/CNPJ: | CEP: |
| ENDEREÇO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TEL. FIXO: | TEL. CELULAR: |

**SUPERVISOR DO ESTÁGIO**

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| SUPERVISOR: |
| CPF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | RG:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ÓRGÃO EXPEDIDOR/UF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CARGO/FUNÇÃO: |
| E-MAIL: |

**RESPONSÁVEL PELO SETOR DO ESTÁGIO (DIRETOR, CHEFE ETC.)**

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| NOME: |
| CPF: |

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| **Horário de Entrada e Saída** |
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| **Período** | **Seg** | **Ter** | **Qua** | **Qui** | **Sex** | **Sáb** | **Dom** |
| **Entrada** | **Saída** | **Entrada** | **Saída** | **Entrada** | **Saída** | **Entrada** | **Saída** | **Entrada** | **Saída** | **Entrada** | **Saída** | **Entrada** | **Saída** |
| Matutino: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vespertino: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Noturno: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**Vigência do Estágio**

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| DATA DE INÍCIO DO ESTÁGIO: | DATA DE FIM DO ESTÁGIO: |

**Dados do Seguro**

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| --- | --- |
| **Nome da Seguradora** |  |
| **CNPJ:** |  |
| **Número da Apólice:** |  |
| **Valor da indenização:** |  |