**FORMULÁRIO DE CONTROLE DE FREQUÊNCIA**

Monitoria

( ) Institucional ( ) Voluntária

Curso: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disciplina: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professor-orientador \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monitor(a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Período da monitoria: \_\_\_\_\_/ \_\_\_\_\_\_/\_\_\_\_\_ a \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Mês:

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| **DIA** | **MANHÃ** | **TARDE** | **NOITE** | **RUBRICA** |
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Quixadá – CE, \_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_.

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Assinatura do(a) Monitor(a)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assinatura do Professor-Orientador

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordenação de Curso