**INTERNSHIP ACTIVITIES PLAN**

Full name:

Nº USP:

Course: **Escolher um item.**

Advisor at FZEA:

Scholarship:

Company/Institution of the internship:

Area:

Country:

Foreign advisor’s full name:

Foreign advisor’s e-mail:

Internship period: Clique aqui para inserir uma data. to Clique aqui para inserir uma data.

Hours of internship:       hours

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| **Summarized Internship Activities** |
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Signature and Stamp

Advisor at FZEA

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Date

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

Student’s signature

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Date