Universidade Federal Fluminense

Escola de Enfermagem Aurora de Afonso Costa

Programa Acadêmico em Ciências do Cuidado em Saúde



,



**FORMULÁRIO DE SOLICITAÇÃO DE AUXÍLIO**

**DADOS DO SOLICITANTE:** (Alunos devem informar matrícula, orientador, CPF e conta)

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| Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Matrícula:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CPF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Orientador(a):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Banco:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agência:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C/C:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DADOS DO TRABALHO:** (Anexar cópia do artigo ou trabalho e comprovante de aceitação)

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| Título:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] Trabalho Completo [ ] Resumo Expandido [ ] Resumo |
| [ ] Outro Qual:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Forma de Apresentação: |
| [ ] Sessão Coordenada [ ] Conferência [ ] Pôster |
| [ ] Outro Qual:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Co-autores:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DADOS DO CONGRESSO:** (Anexar material de divulgação e programação)

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| Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Qualificação:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Data de Início:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Data de Término:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Local:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SOLICITAÇÕES:**

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| [ ] Inscrição Valor Total:\_\_\_\_\_\_\_\_\_\_ |
| [ ] Transporte [ ] Aéreo [ ] Terrestre Valor Total:\_\_\_\_\_\_\_\_\_\_ |
| [ ] Hospedagem Pernoites:\_\_\_\_\_\_\_ Valor do Pernoite:\_\_\_\_\_\_\_ Valor Total:\_\_\_\_\_\_\_\_\_\_ |
| [ ] Auxílio Publicação Valor Total:\_\_\_\_\_\_\_\_\_\_ |
| [ ] Outros:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valor Total:\_\_\_\_\_\_\_\_\_\_ |

**JUSTIFICATIVA:** (Relevância da participação no evento)

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**PARECER:** (a ser preenchido pelo colegiado)

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**Assinatura do Solicitante**

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**Assinatura do(a) Orientador(a)**