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|  | **AVALIAÇÃO DO PROGRAMA DE MONITORIA PELO ESTUDANTE** |

**Curso: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semestre: \_\_\_\_\_ / \_\_\_\_\_\_**

**Disciplina:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Como você avalia sua experiência na realização dessas atividades? ( ) Excelente ( ) Bom ( ) Regular ( ) Insuficiente

1.1 ‐ Quais os aspectos positivos na realização das atividades desenvolvidas na monitoria?

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1.2 ‐ Quais os aspectos a melhorar?

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2. Como você avalia a orientação do Professor/orientador? ( ) Excelente ( ) Bom ( ) Regular ( ) Insuficiente

3. Como você avalia a importância da monitoria na sua vida profissional? ( ) Excelente ( ) Bom ( ) Regular ( ) Insuficiente

4. Quais suas sugestões para melhoria do Programa de Monitoria?

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4. Sugestões e/ou outras considerações:

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Assinatura do(a) Monitor(a) **(OPCIONAL)**