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| --- | --- | --- | --- | --- | --- |
| Student’s Name: | | | | | |
| Student ID Number: | Course Name/Faculty: | | | | |
| Phone Number: | | | | E-MAIL: | |
| Supervisor Professor at USP: | | | | | |
| Supervisor Professor e-mail: | | | | | |
| Foreign Institution: | | | | | Country: |
| Foreign Institution Contact: | | | | | |
| Department: | | | E-MAIL: | | |
| Period of Validity: | | Start: | Conclusion: | | |
| PERIOD (EDITAL 998/2019) | | 60 - 89 DAYS 🞎 90 - 119 DAYS 🞎 120 - 180 DAYS 🞎 | | | |

**ACTIVITY PLAN**

1. This activity plan must be elaborated and signed by the student, endorsed by a USP professor with knowledge of the Unit Graduation Committee.
2. The number of lines stipulated in each topic is just a reference, not a limiting factor.

1. **SUBJECT (Occupation Area)**

|  |
| --- |
| **Maximum 5 lines.** |

1. **ABSTRACT**

|  |
| --- |
| **Approximately 30 lines.** |

1. **STUDENT PRESENTATION (Brief presentation of the student, activities carried out related to innovation and/or entrepreneurship, scientific initiation activities, motivations to receive the Entrepreneurship Grant)**

|  |
| --- |
| **Approximately 25 lines.** |

1. **INSTITUTION CHOSEN BY THE STUDENT (Justification of the foreign institution choice indicating the importance of the chosen institution for the realization of the project. If Educational Institution, mentioning position in Global Rankings of the area in relation to USP)**

|  |
| --- |
| **Approximately 20 lines.** |

1. **OBJECTIVES (clearly describe the objective of the project, emphasizing the content of innovation and/or entrepreneurship and the application potential)**

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| --- |
| **Approximately 40 lines.** |

1. **ACTIVITIES OVERVIEW (Description of the activities to be carried out)**

|  |
| --- |
| **Approximately 30 lines.** |

1. **SCHEDULE OF PLANNED ACTIVITIES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ACTIVITIES** | **MONTH 1** | **MONTH 2** | **MONTH 3** | **MONTH 4** | **MONTH 5** | **MONTH 6** |
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**8. REFERENCES**

**9. STUDENT’S SIGNATURE**

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Student’s full name and signature

**11. SUPERVISOR TEACHER’S SIGNATURE**

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Prof. Dr.

Universidade de São Paulo / USP

Faculty:

**12. SCIENCE AND CONCORDANCE OF THE UNIT'S GRADUATION COMMITTEE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Unit’s Graduation Committee