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| Student’s Name: |
| Student ID Number: | Course Name/Faculty: |
| Phone Number: | E-MAIL:  |
| Supervisor Teacher at USP: |
| Supervisor Teacher e-mail: |
| Receiving Institution: | Country: |
| Receiving Institution Contact: |
| Department: | E-MAIL: |
| Period of Validity: Months: | Start: | Conclusion: |
| PERIOD (EDITAL 822/2018) | 60 - 119 DAYS 🞎 120 - 180 DAYS 🞎 |

**ACTIVITY PLAN**

1. **SUBJECT**

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1. **ABSTRACT**

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1. **INSTITUTION CHOSEN BY THE STUDENT**

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1. **SELF STUDENT PRESENTATION**

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1. **OBJECTIVES**

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1. **ACTIVITIES OVERVIEW**

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1. **SCHEDULE OF PLANNED ACTIVITIES**

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| **ACTIVITIES**  | **MONTH 1** | **MONTH 2** | **MONTH 3** | **MONTH 4**  | **MONTH 5** | **MONTH 6** |
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1. **EXPLANATION ABOUT THE LINK BETWEEN THE REASEARCH AND THE FINAL PAPER**

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**9. REFERENCES**

**10. 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