**ANÁLISE E PRÉ-APROVAÇÃO DOS COORDENADORES DE CURSO ENVOLVIDOS NO PROJETO DE EXTENSÃO**

Denominação: **Projeto de Extensão \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parecer do coordenador dos cursos envolvidos:

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 Assinatura (Biomedicina) Data

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 Assinatura (Enfermagem) Data

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 Assinatura (Farmácia) Data

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 Assinatura (Medicina) Data

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 Assinatura (Psicologia) Data

Parecer do Coordenador do Programa de Extensão Social e Comunitário (PESC):

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 Assinatura Data

Parecer da Direção de Extensão:

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 Assinatura Data

Apresentação e aprovação no Conselho Acadêmico pela Direção de Extensão:

Parecer do Conselho Acadêmico:

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

Data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_