



INTERNSHIP ACTIVITIES PLAN

Full name:

Nº USP:

Course: **Escolher um item.**

Advisor at FZEA:

Scholarship:

Company/Institution of the internship:

Area:

Country:

Foreign advisor's full name:

Foreign advisor's e-mail:

Internship period: [Clique aqui para inserir uma data.](#) to [Clique aqui para inserir uma data.](#)

Hours of internship: hours

Summarized Internship Activities

Signature and Stamp

Advisor at FZEA

Student's signature

Date

Date