**Formulário para Credenciamento de Disciplina**

(Formulário elaborado para auxilio ao relator da CPG. Apenas os espaços poderão ser alterados)

# OBRIGATORIAMENTE DIGITADO

### Nome e Sigla da Disciplina \*

#### Programa de Pós-graduação em

Credenciamento [ ] \*Recredenciamento [ ] \*Reformulação [ ]

#### Novo nome (se pertinente)\*

(Para recredenciamento ou reformulação)

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| Períodos em que a disciplina foi oferecida | Número de alunos no período |
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**Identificação do(s) responsável(eis):**

|  |  |  |
| --- | --- | --- |
| Nome |  | **Nº usp:** |
| Titulação |  | |
| Docente FM | Sim [ ] Não [ ] | |
| Link CV Lattes |  | |

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| --- | --- | --- | --- |
| Nome | |  | **Nº usp:** |
| Titulação |  | | |
| Docente FM | Sim [ ] Não [ ] | | |
| Link CV Lattes |  | | |

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| Nome | |  | **Nº usp:** |
| Titulação |  | | |
| Docente FM | Sim [ ] Não [ ] | | |
| Link CV Lattes |  | | |

Obs.

1) ***Curriculum* Lattes atualizado (últimos 3 meses):** **inserir link** - não encaminhar impresso.

2) Nos casos de recredenciamento ou reformulação, juntar a ementa anterior da disciplina (Sistema Janus).

Data da aprovação da CCP: \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_

Coordenador/a do Programa

Carimbo e assinatura

SIGLA DA DISCIPLINA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOME DA DISCIPLINA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PROGRAMA/ÁREA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nº DA ÁREA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VALIDADE INICIAL (Ano/Semestre): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nº DE CRÉDITOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aulas Teóricas: \_\_\_\_\_ Aulas Práticas, Seminários e Outros: \_\_\_\_\_\_

Horas de Estudo: \_\_\_\_\_\_

DURAÇÃO EM SEMANAS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCENTE(S) RESPONSÁVEL(EIS):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Docente Usp, n.º

Docente externo. Data de obtenção do título: Instituição:

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Docente Usp, n.º

Docente externo. Data de obtenção do título: Instituição:

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Docente Usp, n.º

Docente externo. Data de obtenção do título: Instituição:

## PROGRAMA

**OBJETIVOS**:

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**JUSTIFICATIVA**:

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**CONTEÚDO (EMENTA)**:

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**CRITÉRIOS DE AVALIAÇÃO**:

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