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|  |  | **LECIONAR CURSO BREVE** |
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**O Presidente do IST,**

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Exmo. Senhor

Presidente do Instituto Superior Técnico

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| Nome |       | Nº Mec. |      |

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| Departamento/Secção/Área |       |  C.C. |      |

Solicita a V. Exa., nos termos da *alínea b)* do n.º 3 do art.70.º do E.C.D.U., autorização para

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| lecionar um **curso breve** de  |       | horas em regime de acumulação, no(s) dia(s) |

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|       |  para além do período semanal de 35 horas de serviço, no(a) |

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Pede deferimento,

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Nota: Limite de horas permitidas – duração máxima de 20 horas de curso

**AF1** | V4 | 2016.06.28

**Anexar:** Informação do(a) Departamento/Secção

 Documento comprovativo do curso

**Parecer do Coordenador Área Científica/Secção Parecer do Presidente do Departamento**

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****O Presidente do Conselho Científico**

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