|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | **LECIONAR CURSO BREVE** |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DESPACHO** | |  | | --- | |  | |  |   **O/A Presidente do IST,**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | data |  |  |  | assinatura | |

Exmo./a. Senhor/a

Presidente do Instituto Superior Técnico

|  |  |  |  |
| --- | --- | --- | --- |
| Nome |  | Técnico ID | ist |

|  |  |  |  |
| --- | --- | --- | --- |
| Carreira /Categoria |  | Ext. |  |

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

Solicita a V. Exa., nos termos da *alínea c)* n.º 2 do artigo 52.º do ECIC, autorização para

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

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

|  |
| --- |
|  |

Pede deferimento,

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Data |  |  |  |  | Assinatura |  |

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

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

Documento comprovativo do curso

**O/A Coordenador/a da Área Científica/Secção O/A Presidente do Departamento**

**AF1\_Inv** | V7 | 2024.01.04

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Data |  |  |  |  |  |  |  | | --- | --- | | Assinatura |  | |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Data |  |  |  |  |  |  |  | | --- | --- | | Assinatura |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **O/A Presidente do Conselho Científico**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Data |  |  |  |  |  |  |  | | --- | --- | | Assinatura |  | |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **O/A Administrador/a do IST**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Data |  |  |  |  |  |  |  | | --- | --- | | Assinatura |  | |