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

Exmo./a. Senhor/a

Presidente do Instituto Superior Técnico

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| Nome |  | Técnico ID | ist |

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| Carreira /Categoria |  | Ext. |  |

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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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| 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** | V7 | 2024.01.04

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