**WORK PLAN**

|  |  |
| --- | --- |
| **Work Plan Characterization** |  |
| **Title:** |  |
| **Nature of activities:** (research, training, development, scientific and technological service, etc.).  |  |
| **Project description:** |  |
| **Objectives:** |  |
| **Goals:** |  |

|  |  |
| --- | --- |
| **Involved Entities** |  |
| **Entities Name:** |  |
| **Departments/Units:** |  |
| **Address:**  |  |
| **Form of participation:** |  |

|  |  |
| --- | --- |
| **Staff** |  |
|  **Staff members involved in the project: Name; Formation; Link with Unioeste; Activities to be developed;** |  |

|  |  |
| --- | --- |
| **Financial Resources** |  |
| **Inform the project costs and expenses, the financial contribution, if any (with proof of its origin), the sources of funds and the form of disbursement, by expense item; present the definition of institutional fees and payment forecast.****(In case there are no financial resources involved, please inform)** |  |

|  |  |
| --- | --- |
| **Report** |  |
| **Filled in the end of activities.** | The report must be submitted within 30 days of completion. |

|  |
| --- |
| **Professor Commitment** |
| **I, (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ undertake to carry out the activities described in this form and to prepare a report at the end of the activities.**Name and Signature (Professor)Date: |