**ANEXO II**

Curso de Especialização *Lato Sensu* em Qualidade de Vida nas Organizações

**ATA DE AVALIAÇÃO DA DEFESA DO TCC**

**Estudante:**

**Título do TCC:**

**Orientador:**

**Banca Avaliadora:**

Membro (1): Presidente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membro (2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membro (3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tempo de duração da defesa: Início: Término:**

**Justificativa do parecer:**

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**Parecer final:**

( ) O candidato está APROVADO SEM RESTRIÇÕES na defesa de TCC.

( ) O candidato está APROVADO COM RESTRIÇÕES na defesa de TCC.

( ) O candidato está REPROVADO na defesa de TCC.

Nota (entre 0 e 10):

São João del-Rei, \_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 20\_\_\_.

**Assinatura dos membros da banca**

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