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| **Заявление** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Я,** |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |
| *фамилия* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *имя* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *отчество* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Наименование документа, удостоверяющего личность** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| **Серия** | |  | |  |  | |  | **Номер** | | | | | |  |  |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
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| **Дата рождения**: | | | | | | |  |  | **.** | |  | |  | **.** |  |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
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| **Пол**: |  | | мужской | | | | | | |  | женский | | | | | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
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| **Гражданство:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Регион, в котором закончил ОО:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |

Прошу зарегистрировать меня для участия в итоговом **сочинении** для использования его результатов при приеме в образовательные организации высшего образования:

**06.12.2017 07.02.2018 16.05.2018**

Прошу создать условия, учитывающие состояние здоровья, особенности психофизического развития, для написания итогового сочинения (изложения) подтверждаемого:

Копией рекомендаций психолого-медико-педагогической комиссии

Оригиналом или заверенной в установленном порядке копией справки, подтверждающей факт установления инвалидности, выданной федеральным государственным учреждением медико-социальной экспертизы

*Указать дополнительные условия,* *учитывающие состояние здоровья, особенности психофизического развития*

Увеличение продолжительности написания итогового сочинения (изложения) на 1,5 часа

*(иные дополнительные условия/материально-техническое оснащение,* *учитывающие состояние здоровья, особенности психофизического развития,* *сдача итогового сочинения (изложения в устной форме по медицинским показаниям и др.)*

Согласие на обработку персональных данных прилагается.

Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.)

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| Контактный телефон | |  | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  |
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| Регистрационный номер | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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