**Образец заявления на участие в итоговом сочинении**

**выпускника прошлых лет**, **обучающихся по образовательным программам среднего профессионального образования, обучающихся в иностранных образовательных организациях**

Кому

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **заявление** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | на участие в итоговом сочинении | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Я,** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | *фамилия* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | *имя* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | *отчество* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Дата рождения**: | | | | | | ч | | ч | | | . | | | м | | | м | | | . | |  |  |  |  | г | | | г | | |  | | | | | | | | | | | | | | | | | | | |
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**Документ, удостоверяющий личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Серия** |  |  |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |
| **Пол**: |  | мужской | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   **СНИЛС**  женский | | | | | | | | | | |

Прошу зарегистрировать меня для участия в **итоговом сочинении** для использования егорезультатов при приеме в образовательные организации высшего образования.

**07.12.2016 01.02.2017 03.05.2017**

Согласие на обработку персональных данных прилагается.

\**Прошу создать условия для написания итогового сочинения* *(изложения)* *с* *учетом состояния здоровья, подтверждаемого (заполняется участниками с ограниченными возможностями здоровья, детьми-инвалидами, инвалидами):*

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*(указать необходимые условия)*

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| --- | --- | --- | --- |
| *Справкой* | *об* | *установлении* |  |
| *инвалидности* |  |  |  |
|  |  |  |  |

*Рекомендациями ПМПК*

Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.) «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.

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| Контактный телефон |  | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Регистрационный номер |  |  |  |  |  |  |