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| **АПЕЛЛЯЦИЯ** | | | | | | | | | | | | | | | | | | | | | | | |
| **о нарушении установленного порядка проведения вступительного испытания** | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (указать наименование/ направление подготовки) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Сведения об участнике вступительного испытания** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Фамилия | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Имя | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Отчество | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Документ, удостоверяющий личность | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (серия) | | | | | | | | |  | (номер) | | | | | | | | | |
| **Заявление** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Прошу апелляционную комиссию ФГБОУ ВО МГТУ им. Г.И. Носова рассмотреть мою апелляцию о нарушении установленного порядка проведения вступительного испытания. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Содержание претензии: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Указанный факт существенно затруднил для меня выполнение экзаменационных заданий, что может привести к необъективной оценке моих знаний по предмету. | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Дата проведения вступительного испытания:

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Заявление принял:

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должность подпись ФИО

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| Дата |  |  | . |  |  | . |  |  |

АПЕЛЛЯЦИЯ

о несогласии с полученной оценкой результатов вступительного испытания

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| **Сведения об участнике вступительного испытания** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Фамилия | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Имя | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Отчество | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Документ, удостоверяющий личность | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (серия) | | | | | | | | |  | (номер) | | | | | | | | | |

**Заявление**

Прошу пересмотреть полученную мною оценку результата вступительного испытания по

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Прошу рассмотреть апелляцию

|  |  |
| --- | --- |
|  | − в моем присутствии, |

|  |  |
| --- | --- |
|  | − в присутствии лица, представляющего мои интересы, |

|  |  |
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|  | − без меня (моих представителей). |

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Дата объявления результатов вступительного испытания:

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Заявление принял:

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должность подпись ФИО

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