**ЗАЯВЛЕНИЕ**

**об отзыве апелляции о несогласии с выставленными баллами**

**по основному государственному экзамену**

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|  |  | предмет |  |  |  |  |  |  |  |  |  |  |  |  |  |

 код наименование

**Сведения об участнике основного государственного экзамена:**

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| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Отчество |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Прошу отозвать апелляцию о несогласии с выставленными баллами по основному государственному экзамену по\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, регистрационный номер\_\_\_\_\_\_\_от\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Телефон апеллянта:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Дата |  |  | **⋅** |  |  | **⋅** |  |  |  | / |  |

 подпись фамилия

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| Отметка о принятии заявления ОО | Заявление принял:Дата: | / /  |  /  |  / |
| должность\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | подпись | ФИО |
| Регистрация в апелляционной комиссии | Заявление принял:Дата: | / / |  / |  / |
| должность\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | подпись | ФИО |