Регион **1-АП АПЕЛЛЯЦИЯ**

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о несогласии с выставленными баллами

код

Предмет

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наименование

Дата экзамена . .

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Образовательная организация участника ГИА:

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Сведения об участнике экзаменов

код ОО (наименование ОО)

Пункт проведения экзамена:

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код ППЭ (наименование ППЭ)

Фамилия Имя Отчество

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Документ,

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удостоверяющий личность

Контактный телефон:

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серия

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номер

Е-mail:

Прошу пересмотреть выставленные мне результаты ГИА, так как считаю, что данные мною ответы на задания были оценены (обработаны) неверно.

Прошу рассмотреть апелляцию

* в моем присутствии (очно)
* без меня (моих представителей) Дата . .

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* в присутствии законного представителя (очно)
* в дистанционном формате

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подпись ФИО

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| Отметка о принятии заявления  ОО | Заявление принял: / / / /  должность подпись ФИО | | | | | | | | | | | | | | |
| Дата |  |  | . |  |  | . |  |  | |  | | | | |
| Регистрация в конфликтной комиссии | Заявление принял: / / / /  должность подпись ФИО  Дата . . | | | | | | | | | | | | | | |
| Регистрационный номер в конфликтной комиссии | | | | | | | | |  | |  |  |  |  |
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