Председателю

государственной экзаменационной

комиссии Республики Крым

Лаврик В.В.

**Дополнительное заявление**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Я, |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *фамилия* | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *имя* | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *отчество* | | | | | | | | | | | | | | | | | | | | |
| Наименование документа, удостоверяющего личность: | | | | | | | | | | | | |  | | | | | | | |
| серия | |  |  |  |  | номер | |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Контактный телефон: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | |
|  | выпускник текущего года | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | обучающийся по образовательным программам среднего профессионального образования | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  | экстерн | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  | выпускник прошлых лет | | | | | | | | | | | | | | | |

|  |
| --- |
| Наименование образовательной организации \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Прошу изменить мне ранее выбранный перечень экзаменов:

**добавить** экзамены по предметам:

|  |  |  |
| --- | --- | --- |
|  | наименование предмета |  |
|  | наименование предмета |  |
|  | наименование предмета |  |

**удалить** экзамены по предметам:

|  |  |  |
| --- | --- | --- |
|  | наименование предмета |  |
|  | наименование предмета |  |
|  | наименование предмета |  |

Изменение перечня ранее выбранных предметов производится по причине

|  |
| --- |
|  |
|  |
|  |
|  |
| Документы, подтверждающие наличие уважительной причины, прилагаются: |
|  |
|  |
| Подпись заявителя \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.) «\_\_\_\_» \_\_\_\_\_\_\_20\_\_\_ г.  Регистрационный номер \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ «\_\_\_\_» \_\_\_\_\_\_\_20\_\_\_ г. |

Председателю

государственной экзаменационной

комиссии Республики Крым

Лаврик В.В.

**Дополнительное заявление**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Я, |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *фамилия* | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *имя* | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *отчество* | | | | | | | | | | | | | | | | | | | | |
| Наименование документа, удостоверяющего личность: | | | | | | | | | | | | |  | | | | | | | |
| серия | |  |  |  |  | номер | |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Контактный телефон: | |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | |
|  | выпускник текущего года | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | обучающийся по образовательным программам среднего профессионального образования | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | экстерн | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | выпускник прошлых лет | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| Наименование образовательной организации \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| прошу перенести сроки участия в экзаменах: | | | | | | | | | | | | | | | | | | |
| Учебный предмет, форма | | | | Ранее указанные сроки участия в экзаменах | | | | | | | | Необходимые сроки  участия в экзаменах | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | |

Сроки участия в экзаменах необходимо перенести по причине \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Документы \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(*наименование и реквизиты документа)*

подтверждающие наличие уважительной причины, прилагаются.

|  |
| --- |
| Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.) «\_\_\_\_» \_\_\_\_\_\_\_20\_\_\_ г.  Регистрационный номер \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ «\_\_\_\_» \_\_\_\_\_\_\_20\_\_\_ г. |

Председателю

государственной экзаменационной

комиссии Республики Крым

Лаврик В.В.

**Дополнительное заявление**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | |
| Я, |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *фамилия* | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *имя* | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *отчество* | | | | | | | | | | | | | | | | | | | | |
| Наименование документа, удостоверяющего личность: | | | | | | | | | | | | |  | | | | | | | |
| серия | |  |  |  |  | номер | |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Контактный телефон: | |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | |
|  | выпускник текущего года | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | экстерн | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| Наименование образовательной организации \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| прошу изменить форму проведения ГИА: | | | | | | | | | | | | | | | | | | |
| Предмет | | | | С ЕГЭ на ГВЭ | | | | | | | | С ГВЭ на ЕГЭ | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | |

Форму ГИА необходимо изменить по причине \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Документы \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(*наименование и реквизиты документа)*

подтверждающие наличие уважительной причины, прилагаются.

|  |
| --- |
| Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.) «\_\_\_\_» \_\_\_\_\_\_\_20\_\_\_ г.  Регистрационный номер \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ «\_\_\_\_» \_\_\_\_\_\_\_20\_\_\_ г. |

|  |  |
| --- | --- |
|  | Председателю  государственной экзаменационной комиссии Республики Крым  Лаврик В.В. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ЗАЯВЛЕНИЕ** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Я**,Я, |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *фамилия* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| *имя* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| *отчество* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | выпускник текущего года | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | выпускник прошлых лет | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | обучающийся по образовательным программам среднего профессионального образования | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |

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

Прошу зарегистрировать меня для участия в **едином государственном экзамене** по следующим учебным предметам:

|  |  |  |  |
| --- | --- | --- | --- |
| **Наименование предмета** | | **Наименование предмета** | |
| Русский язык |  | Немецкий язык письменный |  |
| Математика (базовый уровень) |  | Немецкий язык устный |  |
| Математика (профильный уровень) |  | Французский язык письменный |  |
| Биология |  | Французский язык устный |  |
| География |  | История |  |
| Английский язык письменный |  | Информатика |  |
| Английский язык устный |  | Литература |  |
| Испанский язык письменный |  | Обществознание |  |
| Испанский язык устный |  | Физика |  |
| Китайский язык письменный |  | Химия |  |
| Китайский язык устный |  |  |  |

в резервные дни основного периода (для выпускников прошлых лет)

В связи с невозможностью подать заявление в установленные сроки по причине\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Прошу создать условия, учитывающие состояние здоровья, особенности психофизического развития, для сдачи ЕГЭ подтверждаемые:

|  |  |
| --- | --- |
|  | 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 экзамена на 1,5 часа

*(иные дополнительные условия/материально-техническое оснащение, учитывающие состояние здоровья, особенности психофизического развития)*

Я ознакомлен(а) с Порядком проведения ЕГЭ в 2025 году.

Документ(ы) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*наименование и реквизиты документа)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

подтверждающий(е) наличие уважительной причины прилагаются.

/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*подпись заявителя расшифровка подписи*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Контактный телефон |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г. | | | | | | | | | | | | | | | |