Апелляция о несогласии с выставленными баллами

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наименование предмета

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дата проведения олимпиады

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наименование муниципального общеобразовательного учреждения

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фамилия участника олимпиады

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имя участника олимпиады

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отчество участника олимпиады

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документ, удостоверяющий личность (паспорт, свидетельство о рождении)

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| серия документа | номер документа |

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контактный номер телефона

Прошу пересмотреть выставленные мне результаты олимпиады, так как считаю, что данные мною ответы на задания были оценены неверно.

Прошу рассмотреть апелляцию

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| |  | | --- | |  | | в моем присутствии |
| |  | | --- | |  | | в присутствии родителей (законных представителей) |

«\_\_\_\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ г. \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

дата подачи апелляции подпись расшифровка подписи

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| Отметка о принятии апелляции вОО | Апелляцию принял  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  должность подпись расшифровка подписи  «\_\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_г. Время \_\_\_\_\_\_\_\_\_часов \_\_\_\_\_\_\_\_\_ минут | |
| Регистрация в апелляционной комиссии | Апелляцию принял  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  должность подпись расшифровка подписи  «\_\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_г.  Регистрационный номер в апелляционной комиссии \_\_\_\_\_\_\_\_\_\_\_\_ | |
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