Регион Республика Дагестан **1-АП**

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код региона (код формы)

АПЕЛЛЯЦИЯ

о несогласии с выставленными баллами

Предмет

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код наименование

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Дата экзамена . .

Образовательная организация участника ГИА:

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код ОО (наименование ОО)

Пункт проведения экзамена:

Сведения об участнике ГИА

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код ППЭ (наименование ППЭ)

Фамилия Имя

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Отчество

Документ,

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удостоверяющий серия номер

личность

Контактный телефон:

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Прошу пересмотреть выставленные мне результаты ЕГЭ, ГВЭ-11*(нужное подчеркнуть)* так как считаю, что данные мною ответы на задания были неверно *(нужное отметить)*

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| оценены - |  |  |
| обработаны - |  | (имеют технические ошибки, ошибки верификации) |

Прошу рассмотреть апелляцию

* в моем присутствии  - в присутствии лица, представляющего мои интересы

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* без меня (моих представителей)

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подпись ФИО

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| Отметка о принятии заявления ОО | Заявление принял: | | |  | / |  |  |  |  | / | / |  |  |  |  | / |
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| Дата |  |  | . |  |  | . |  |  |  | | | | | | |
| Регистрация в апелляционной комиссии | Заявление принял: | | |  | / |  |  |  |  | / | / |  |  |  |  | / |
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| Регистрационный номер в апелляционной комиссии | | | | | | | | | |  |  |  |  |  |  |

\*АК вправе отклонить заявление, если оно оформлено неверно или подано в нарушение установленных сроков.