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|  | | | | | | | | | И.о. ректора  М.В. Румянцеву | | |
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|  | | | | | | | | | обучающегося (ейся) | | |
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|  | | | | | | | | | инициалы, фамилия | | |
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|  | | | | | | | | | контактный телефон | | |
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| **заявление.** | | | | | | | | | | | |
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| Я, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | | | | | | | | | | | |
| ФИО (полностью) в именительном падеже | | | | | | | | | | | |
| обучающийся (аяся) \_\_\_\_ курса, группы \_\_\_\_\_\_\_\_\_\_\_\_, направления подготовки / специа- | | | | | | | | | | | |
| льности \_\_\_\_\_\_\_\_\_\_\_\_ «\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_», | | | | | | | | | | | |
| шифр наименование | | | | | | | | | | | |
| профиля / магистерской программы / специализации \_\_\_\_\_\_\_\_\_\_\_\_ «\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_», | | | | | | | | | | | |
| наименование | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ формы обучения, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| очной/очно-заочной/заочной | |  | | | | за счет бюджетных ассигнований федерального бюджета / | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| на условиях договора об обучении и оказании платных образовательных услуг | | | | | | | | | | | |
| прошу выдать дубликат студенческого билета / зачетной книжки в связи с \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
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| указать причину порчи / утраты документа | | | | | | | | | | | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | «\_\_\_» \_\_\_\_\_\_\_\_\_\_ 20 \_\_ г. | | | | |
| подпись обучающегося(ейся) | | | | инициалы, фамилия | | |  | | | | |
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| СОГЛАСОВАНО: | | | | | | |  | | | | |
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| |  | | --- | | Д.В.Капулин |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ | | | | | | | «\_\_\_» \_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ г. | | | | |
| Подпись директора института | | | | инициалы, фамилия | | |  | | | | |