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|  | | | | | И.о.ректора  М.В. Румянцеву | |
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|  | | | | | обучающегося (ейся) | |
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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 перевести меня на индивидуальный учебный план. | | | | | | |
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| подпись обучающегося(ейся) | | инициалы, фамилия | |  | | |
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| Перевести на ИУП с «\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_20 г. | | | |  | | |
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| Подпись директора института | инициалы, фамилия |  |