**АПЕЛЛЯЦИЯ
о несогласии с выставленными баллами на школьном этапе ВСОШ**

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|  |  | предмет |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | наименование |  |  |  |  |  |  |

**Сведения об участнике ВСОШ:**

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| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Документ, удостоверяющий личность |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (паспорт) | серия |  | номер |
| Контактный телефон |  |

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| Место проведения олимпиады | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Аудитория |  |  |  |  |

**Заявление**

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| Прошу пересмотреть выставленные мне результаты по |  |

так как, по моему мнению, данные мною ответы на задания были оценены неверно.

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Заявление принял:

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|  | подпись |  | Ф.И.О. |  |

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