**Апелляция о несогласии с результатами олимпиады**

**Сведения об участнике:**

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| **Фамилия** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Имя** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Отчество** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 **Образовательное учреждение \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Класс \_\_\_\_\_\_**

**Заявление**

 **Прошу пересмотреть результаты школьного этапа Всероссийской олимпиады школьников по \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

 **(предмет)**

**так как, не согласен(-на) с выставленными мне баллами.**

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**Участник Олимпиады далее обосновывает свое заявление**

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 **подпись ФИО**

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| **Дата** |  |  | **.** |  |  | **.** |  |  |

**Дата объявления результатов:**

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| **Регистрационный №** |  |  |  |  |

**Заявление принял:**

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 **должность**

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 **подпись ФИО**

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