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| **Заявление № \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****И.о. директора ГАПОУ МО «Мурманский строительный колледж имени Н.Е. Момота» от** |
| **Фамилия** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Гражданство** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Документ, удостоверяющий личность** |
| **Имя** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Отчество** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Дата рождения**  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Серия** |  |  |  |  | **№** |  |  |  |  |  |  |  |
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|  |  |  |  |  **года** | **Когда выдан** |  |  | **.** |  |  | **. 20** |  |  | **год.** |
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| **Место рождения** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Кем выдан** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Страховой номер индивидуального лицевого счета в системе индивидуального (персонифицированного) учета (номер страхового свидетельства обязательного пенсионного страхования):**

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| **Зарегистрированного(ой) по адресу:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 (индекс) (населённый пункт)

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 (улица) (дом) (корпус) (квартира)

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| **Проживающего(ей) по адресу:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 (индекс) (населённый пункт)

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 (улица) (дом) (корпус) (квартира)

 Код ( )

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| **Домашний телефон:** |  |  | - |  |  | - |  |  |  Сотовый телефон: |  | - |  |  |  | - |  |  |  | - |  |  | - |  |  |

**Место работы (для поступающих на заочную форму обучения):**

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**Занимаемая должность:**

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**ЗАЯВЛЕНИЕ**

Прошу принять меня в Государственное автономное профессиональное образовательное учреждение Мурманской области «Мурманский строительный колледж имени Н.Е. Момота» на обучение по\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (специальности / профессии)

«\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(наименование специальности / профессии)

по очной по заочной форме обучения, на места

в рамках контрольных цифр приема, финансируемого из бюджета Мурманской области

по договору об оказании платных образовательных услуг с полным возмещением затрат на обучение

Срок обучения\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Предыдущий уровень образования и документ об образовании и (или) документ об образовании и о квалификации:**

Окончил(а) в\_\_\_\_\_\_\_\_\_ году основное общее образование (9 кл.), среднее общее образование (11 кл.)

Общеобразовательное учреждение ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_№\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (школа, гимназия, лицей)

Образовательное учреждение среднего профессионального образования по программам:

 - квалифицированных рабочих, служащих ­­­­­­ ­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 - специалистов среднего звена \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Образовательное учреждение высшего профессионального образования ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Свидетельство Аттестат Диплом Серия \_\_\_\_\_\_\_\_\_№\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ от «\_\_\_\_» \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_г.

Иностранный язык: английский , немецкий , французский , другой \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Не изучал .

Медаль (аттестат / диплом «с отличием») \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Диплом победителя или призера олимпиады \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Наличие особых прав (льгот): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(указание прав, документ, подтверждающий права, льготы)

Необходимость в предоставлении общежития: ДА Нет

Необходимость в специальных условиях обучения (для инвалидов и лиц с ограниченными возможностями здоровья)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (документ об установлении инвалидности; индивидуальная программа реабилитации инвалида или заключение ПМПК, разработка адаптированной образовательной программы)

Образованиепо программам подготовки:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (специалистов среднего звена /квалифицированных рабочих, служащих / профессионального обучения)

получаю впервые \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (подпись поступающего)

С копиями Устава, лицензии на право осуществления образовательной деятельности, свидетельства о государственной аккредитации по образовательным программам и приложениями к ним или отсутствия копии указанного свидетельства (в том числе через информационные системы общего пользования), локальным нормативным актом ознакомлен(а):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (подпись поступающего) (подпись родителя (законного представителя)

С медицинскими противопоказаниями по данной профессии (специальности), в соответствии с приказом Министерства здравоохранения РФ от 29.01.2021 № 29н ознакомлен(а):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (подпись поступающего) (подпись родителя (законного представителя)

С образовательными программами и другими документами, регламентирующими организацию и осуществление образовательной деятельности, права и обязанности обучающихся:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (подпись поступающего) (подпись родителя (законного представителя)

С датой (не позднее 14 августа 2025 года до 16.00) предоставления подлинника документа об образовании на очную форму обучения (в том числе через информационные системы общего пользования) ознакомлен(а): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (подпись поступающего)

С датой (не позднее 30 сентября 2025 года до 16.00) предоставления подлинника документа об образовании на заочную форму обучения (в том числе через информационные системы общего пользования) ознакомлен(а): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись поступающего)

Согласно Правилам приёма прилагаю следующие документы:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Сведения о родителях (для несовершеннолетних, поступающих на очную форму обучения):**

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| Отец: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(Фамилия, Имя, Отчество полностью печатными буквами)

место жительства: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Сотовый телефон: |  | - |  |  |  | - |  |  |  | - |  |  | - |  |  |

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(Фамилия, Имя, Отчество полностью печатными буквами)

место жительства: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Сотовый телефон: |  | - |  |  |  | - |  |  |  | - |  |  | - |  |  |

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| Подпись поступающего |  |  | дата заполнения | « » |  |  | 2025 г. |
| Подпись родителя (законного представителя) |  |  |  | « » |  |  | 2025 г. |

Ответственный секретарь приёмной комиссии: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

 (подпись) (Фамилия И.О.)