Ректору ФГБОУ ВО СЗГМУ им. И.И. Мечникова

Минздрава России

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ЗАПОЛНЯЕТСЯ ПЕЧАТНЫМИ БУКВАМИ

ФИО полностью

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Гражданство

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Адрес (регистрация по паспорту)

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Адрес фактического проживания

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Контактный телефон

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Адрес электронной почты

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Наименование ВУЗа и год его окончания

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Интернатура (специальность)

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Ординатура (специальность)

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Профессиональная переподготовка

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Наличие сертификата специалиста (специальность)

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ЗАЯВЛЕНИЕ

Прошу зачислить меня в Университет для обучения по дополнительной профессиональной программе (наименование и вид цикла, сроки его проведения)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Оплату гарантирую

«\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(подпись)