Ректору ФГБОУ ВО СЗГМУ им. И.И. Мечникова Минздрава России

Сайганову С.А.

**ПОЛЯ ОБЯЗАТЕЛЬНЫЕ К ЗАПОЛНЕНИЮ**

ПЕЧАТНЫМИ БУКВАМИ

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Паспорт РФ / паспорт иностранного гражданина

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| серия |  |  |  |  |  | номер |  |  |  |  |  |  |  |  |  |
| Выдан: | | | | | | | | | | | | | | | | |

Адрес (регистрация по паспорту)

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Контактный телефон

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**РАЗБОРЧИВО**!! 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 аккредитации (специальность)

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ЗАЯВЛЕНИЕ

Прошу зачислить меня в Университет для обучения по дополнительной профессиональной программе повышения квалификации **//** профессиональной переподготовки (нужное подчеркнуть); наименование цикла и сроки его проведения)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Документы об образовании, квалификации и стаже прилагаю.

Оплату гарантирую.

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