**Załącznik 13**

**Wniosek o dopuszczenie   
do EKSTERNISTYCZNEGO egzaminu ZAWODOWEGO**

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| *miejscowość, data* | *d* | *d* | *m* | *m* | *r* | *r* | *r* | *r* |

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| **Dane osobowe** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwisko: |  | |  | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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| Imię (imiona): |  | |  | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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| Numer PESEL: |  | |  | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| *w przypadku braku numeru PESEL - seria i numer paszportu lub innego dokumentu potwierdzającego tożsamość* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adres korespondencyjny** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| miejscowość: | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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| kod pocztowy i poczta: | |  | | |  | | | ***-*** | | |  | | |  | | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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| **nr telefonu z kierunkowym**: | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | **mail**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Proszę o dopuszczenie do eksternistycznego egzaminu zawodowego**

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| *symbol cyfrowy zawodu* | | | | | | |  | *nazwa zawodu* |

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|  |  |  | **.** |  |  |
| *oznaczenie kwalifikacji zgodne z podstawą programową* | | | | |  |
| *nazwa kwalifikacji* |

🗌**po raz pierwszy\*** 🗌**po raz kolejny\***

**do części** 🗌**pisemnej\*** 🗌**praktycznej\***

**Do wniosku dołączam:**

1. świadectwo ukończenia 🗌 gimnazjum\*/ 🗌 ośmioletniej szkoły podstawowej\*/ 🗌 innej szkoły\*

2. dokumenty potwierdzające co najmniej dwa lata kształcenia lub pracy w zawodzie, w którym wyodrębniono kwalifikację w zakresie której zamierzam zdawać egzamin:

1. ……………………………………………………………………………………………..……………..
2. …………………………………………………………………………………………….…….………..
3. ……………………………………………………………………………………………………………
4. ……………………………………………………………………………………………………………

3. 🗌 zaświadczenie lekarskie o występowaniu dysfunkcji **\***/ 🗌 zaświadczenie lekarskie o stanie zdrowia\*

4. 🗌 deklarację przystąpienia do egzaminu

5. 🗌 wniosek o zwolnienie z całości lub części opłaty i dokumenty potwierdzające wysokość dochodów\*.

Wyrażam zgodę na przetwarzanie moich danych osobowych do celów związanych z egzaminem potwierdzającym kwalifikacje w zawodzie.

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| \**właściwe zaznaczyć* | .......................................................................  *czytelny podpis* |