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| **Ректору**  **ГАОУ ВО ЛО «ЛГУ имени А.С. Пушкина»**  **Двасу Г.В.** | | | | | | | | | | | |
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| имя |  | | | | | | | | | | |
| отчество | | | |  | | | | | | | |
| факультет | | | | |  | | | | | | |
| курс | |  | | | | | | | | | |
| уровень образования бакалавриат/магистратура | | | | | | |  | | | | |
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| телефон | | | |  | | | | | | | |
| e-mail | | |  | | | | | | | | |

**ЗАЯВЛЕНИЕ**

Прошу предоставить скидку (снизить стоимости платных образовательных услуг) на \_\_\_\_\_\_ учебный год/\_\_\_\_\_\_\_ семестр \_\_\_\_\_\_\_\_\_\_ учебного года \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Основание скидки)

Приложение: подтверждающие документы.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Дата Подпись