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| |  |  | | --- | --- | |  |  | | Дата | Номер | | Ректору СПбГИПСР  Лютову В.В.  от  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Фамилия И.О., телефон, Email |

**Заявление**

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Дата

Подпись

**СОГЛАСОВАНО:**

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(Руководитель структурного подразделения) (Подпись) (Расшифровка подписи)

Дата