Приложение 2

к Порядку организации

и проведения диагностических мероприятий в форме

контрольных работ по программам

основного общего образования для

обучающихся 9-х классов в 2021 году

(регион) (код МСУ) (код ОО) (номер аудитории) (дата проведения)

**АКТ**

**о досрочном завершении контрольной работы**

**по уважительным причинам**

**Сведения об участнике**

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Фамилия

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Имя

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Отчество

Документ,

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удостоверяющий личность

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Дата рождения (в формате ДД.ММ.ГГГГ)

Досрочно завершил контрольную работу по учебному предмету\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(наименование учебного предмета)

по следующим причинам:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Время завершения работы по объективным причинам:

час.

Медицинский работник/

Технический специалист: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (подпись) (ФИО)

Ответственный организатор: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(подпись) (ФИО)

Организатор в аудитории: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(подпись) (ФИО)

**Дата**

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|  |  | месяц |  |  | год |  |  |

число