*Uwaga: deklaracja dotyczy egzaminu w jednej kwalifikacji, osoba przystępująca do egzaminu w więcej niż jednej kwalifikacji wypełnia deklarację dla każdej kwalifikacji osobno*

**jestem** 🗌**uczniem** 🗌**słuchaczem** 🗌**absolwentem**

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

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| **Dane osobowe słuchacza** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| *w przypadku braku numeru PESEL - seria i numer paszportu lub innego dokumentu potwierdzającego tożsamość* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| **Adres korespondencyjny** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
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| kod pocztowy i poczta: | | | | | | | |  | | | | |  | | | | ***-*** | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
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| **nr telefonu**: | | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
| **Adres poczty elektronicznej** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Deklaruję przystąpienie do egzaminu potwierdzającego kwalifikacje w zawodzie\***

🗌**w sesji Zima (deklarację składa się do 15 września 2019 r.)**

🗌**w sesji Lato (deklarację składa się do 7 lutego 2020 r.)**

**w kwalifikacji**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **M** | | **S** | | **.** | | **1** | **7** | |  | |  | | **Sporządzanie i wytwarzanie produktów leczniczych oraz prowadzenie** |
| *oznaczenie kwalifikacji zgodne  z podstawą programową szkolnictwa zawodowego* | | | | | | | | | | | | | | **obrotu środkami farmaceutycznymi i materiałami medycznymi** |
| *nazwa kwalifikacji* |
| **wyodrębnionej w zawodzie** | | | | | | | | | | | | | | |
|  | | **3** | | **2** | | **1** | | | **3** | | **0** | | **1** | **technik farmaceutyczny** |
|  | *symbol cyfrowy zawodu* | | | | | | | | | | | | | *nazwa zawodu* |

**Do egzaminu będę przystępować**\*

🗌**po raz pierwszy** 🗌**po raz kolejny w części pisemnej** 🗌**po raz kolejny w części praktycznej**

Ubiegam się o dostosowanie warunków egzaminu\* ** TAK /  NIE**

Do deklaracji dołączam\*:

🗌Orzeczenie/opinię publicznej poradni psychologiczno-pedagogicznej (w przypadku występowania dysfunkcji)

🗌Zaświadczenie o stanie zdrowia wydane przez lekarza\* (w przypadku choroby lub niesprawności czasowej)

🗌Świadectwo ukończenia szkoły

|  |  |
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| \**właściwe zaznaczyć* | ........................................................  *czytelny podpis* |
| Potwierdzam przyjęcie deklaracji  ………………………………………………….  Pieczęć szkoły | .......................................................  *data, czytelny podpis osoby przyjmującej* |