*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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| Imię (imiona): | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| Data urodzenia: | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| *w przypadku braku numeru PESEL - seria i numer paszportu lub innego dokumentu potwierdzającego tożsamość* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| **Adres korespondencyjny** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| miejscowość: | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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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 2020 r.)~~

X**w sesji Lato 2021**

**w kwalifikacji**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ***E*** | | ***E*** | |  | | ***.*** | |  |  | | ***02*** | |  | | *Montaż, uruchamianie i konserwacja urządzeń i systemów mechatronicznych.* |
|  | *oznaczenie kwalifikacji zgodne  z podstawą programową szkolnictwa zawodowego* | | | | | | | | | | | | | | |  |
|  | *nazwa kwalifikacji* |
|  | **wyodrębnionej w zawodzie** | | | | | | | | | | | | | | | |
|  | |  | | *3* | | *1* | | *1* | | | *4* | | *1* | | *0* | ***Technik mechatronik*** |
|  |  | | *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* |
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