**WNIOSEK**

**o wydanie dyplomu zawodowego**

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

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| **Dane osobowe** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
| Nazwisko: | | | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |
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| Nazwisko rodowe: | | | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |
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| Imię (imiona): | | | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |
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| Numer PESEL: | | | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |
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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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| ulica i numer domu: | | | | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | |
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| kod pocztowy i poczta: | | | | | | | |  | | |  | | | ***-*** | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | |
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| nr telefonu | | | | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | |
| Adres poczty elektronicznej | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Wnioskuję o wydanie dyplomu zawodowego**

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| *symbol cyfrowy* | | | | | | |  | *nazwa zawodu* |

**Do wniosku dołączam:**

 Certyfikaty kwalifikacji zawodowej z zakresu następujących kwalifikacji\*\* *(wyodrębnionych w wyżej wymienionym zawodzie):*

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|  |  |  |  |  |  | |
| *symbol kwalifikacji zgodny z podstawą programową* | | | | | |  |
| *nazwa kwalifikacji* |
|  |  |  |  |  |  | |
| *symbol kwalifikacji zgodny z podstawą programową* | | | | | |  |
| *nazwa kwalifikacji* |

 Świadectwo potwierdzające następującą kwalifikację\*\* *(wyodrębnioną w wyżej wymienionym zawodzie):*

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| *symbol kwalifikacji zgodny z podstawą programową* | | | | | |  |
| *nazwa kwalifikacji* |

Do wniosku dołączam:

 Świadectwo ukończenia szkoły\**(ponadgimnazjalnej lub ponadpodstawowej)*

 Zaświadczenie o zdaniu egzaminów eksternistycznych\**(z zakresu wymagań kształcenia ogólnego określonych dla ZSZ/ branżowej szkoły I stopnia/ branżowej szkoły II stopnia)*

 Dyplom potwierdzający kwalifikacje zawodowe\**(obejmujący kwalifikacje wyodrębnione w wyżej wymienionym zawodzie)*

 Świadectwo czeladnicze\**(z zakresu odpowiadającego kwalifikacji/kwalifikacjom w wyżej wymienionym zawodzie)*

 Oryginał / duplikat świadectwa uzyskanego za granicą\*

 Zaświadczenie wydane na podstawie przepisów w sprawie nostryfikacji świadectw szkolnych i świadectw maturalnych uzyskanych za granicą\*

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| \**właściwe zaznaczyć*  *\*\* należy dołączyć, jeżeli certyfikat/świadectwo zostały wydane przez okręgową komisję egzaminacyjną inną niż OKE, do której jest składany wniosek* | ........................................................  *czytelny podpis* |

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|  | Obowiązek informacyjny wynikający z art. 13 i 14 Rozporządzenia Parlamentu Europejskiego i Rady (UE) 2016/679 z 27 kwietnia 2016 r. w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych oraz uchylenia dyrektywy 95/46/WE, w zakresie przeprowadzania egzaminu zawodowego, zgodnie z przepisami ustawy o systemie oświaty oraz aktami wykonawczymi wydanymi na jej podstawie, został spełniony poprzez zamieszczenie klauzuli informacyjnej na stronie internetowej właściwej okręgowej komisji egzaminacyjnej. |