School:

School-Leaving Examination Protocol

First Name and Surname:			
Date of Birth:	Place of Birth:		
		Birth Registration Number:	
Field of Study (code and title):			
		SKKR/EQF level*):	4
Form of Study:		Academic Year:	
Class:	Sc	hool - Leaving Examination Protocol No.:	
The student studied from		and completed his/her studies in	

Evaluation of the School - Leaving Examination						
Subject	Level	External Part		Internal Par		
		%	Percentile	Written Form	Oral Form	Language of Examination
Optional Subject						

The student**) completed the School-Leaving Examination.

The Retake School-Leaving Examination was permitted from the following subjects:

The entire School-Leaving Examination was permitted until:



Headmaster

.....

*)Level of the Slovak Qualifications Framework / European Qualifications Framework.
**) successfully/unsuccessfully
406ang MŠVVaM SR / od 01. 09. 2024

Head of the School -Leaving Examination Committee

The Protocol of the School-Leaving Examination Certificate No.:				
Received on:	Signature:			
The copy of the School-Leaving Examination Certificate was iss	ued on:			
Received on:	Signature:			

Assessment classification	excellent	very good	good	satisfactory	unsatisfactory
	1	2	3	4	5