

THE SLOVAK REPUBLIC

School: .....  
.....

# Supplement to the School-Leaving Examination Certificate

(Only valid with the School-Leaving Examination Certificate)

First Name and Surname: .....

Date of Birth: ..... Place of Birth: .....

Nationality: ..... Citizenship: ..... Birth Registration Number: .....

Field of Study (code and title): .....

..... SKKR/EQF level\*): ..... 4

Form and Length of Study: ..... Academic Year: .....

Class: ..... School - Leaving Examination Protocol No.: .....

Level of Education: .....

### Details of the field of study

### Suggested fields of further study

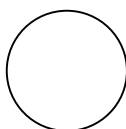
\*) Level of the Slovak Qualifications Framework / European Qualifications Framework.

**Course content**

Subject - the number of lessons of each subject for the entire study - language:

In .....

on .....



.....  
Headmaster