First Name and Surname:						
Date of Birth:	Place of Birth:					
Nationality:	Citizenship: Birth Registration Number:					
Field of Study (code and title):						
			SKKR/EQF lev	vel*):		
Form of Study:			Academic Yea	ar:		
Class:	Sch	ool - Leaving Exam	nation Protocol No	o.:		
he student studied from		and comple	ted his/her studies	in		
he student participated in the Sc	hool-Leaving Exan	nination on	for th	ne	tim	
ducation (the School Act) and linistry of Education Regulation N	to changes and a o. 318/2008 Coll. or	mendments to the n the Completion of S	relevant Acts as a Study at Secondary	mended, and the	Slovak Repub	
ducation (the School Act) and linistry of Education Regulation No Ilings.	to changes and a b. 318/2008 Coll. or Evaluation o	mendments to the	relevant Acts as a Study at Secondary	mended, and the	Slovak Repub	
ducation (the School Act) and linistry of Education Regulation N	to changes and a o. 318/2008 Coll. or	mendments to the highest the Completion of S	relevant Acts as a Study at Secondary	amended, and the Schools, as amen	Slovak Repub	
ducation (the School Act) and linistry of Education Regulation No Ilings.	to changes and a b. 318/2008 Coll. or Evaluation o	the Completion of S f the School - Leav External Part	relevant Acts as a Study at Secondary	amended, and the Schools, as amen Internal Part	e Slovak Repub ided by subseque Language of	
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^{*)}Level of the Slovak Qualifications Framework / European Qualifications Framework.
**)successfully/unsuccessfully
406ang MŠVVaŠ SR / od 01. 09. 2018

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

Marks	excellent	very good	good	satisfactory	unsatisfactory
iviaiks	1	2	3	4	5