THE SLOVAK REPUBLIC

First Name and Surname:							
Date of Birth:	Place	of Birth:					
Nationality:	Cit	Citizenship: Birth Registration Number:					
Field of Study (code and title):							
					SKKR	/EQF level*):	4
Form of Study:		Academic Year:					
Class:			Scl	nool - Leaving	Examination F	Protocol No.:	
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*) Level of the Slovak Qualifications Framework / European Qualifications Framework.

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