THE SLOVAK REPUBLIC

First Name and Surname:							
Date of Birth:	Place	of Birth:					
lationality:	Citiz	Citizenship: Birth Registration Number:					
ield of Study (code and title):							
					SKKR/	/EQF level*):	4
orm of Study:		Academic Year:					
Class:			Scl	nool - Leaving	Examination F	Protocol No.:	
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The student has participated in the Sc the School Act) and to changes and Research and Sport of the Slovak I Regulation No. 221/2024 Coll. Subject	Republic Regula	the Sch Extern	ool - Leav	22 Coll. conc	iion Intern	al Part	Language of

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

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