

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):

Specialization:

Study form and length: Academic Year:

Class: Leaving Examination Protocol No.:

Level of education:

Details of the suggested field of study and specialization:

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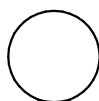
Suggested fields of further study:

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Course content

Subject - The number of hours each subject for the entire study - Language:

In on



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Head Teacher