School:									
Leaving examination protocol									
First Name and Surname:									
Date of Birth:			Place	of Birth:					
Nationality:	Citizenship: Birth registration number:								
Branch of Study and Specialization:									
	Academic Year:								
Class:	Leaving Examination Protocol No.:								
The student studied from	and completed his/her studies in								
The student participated in the Leavin	g Exami	nation o	n	for t	he	time.			
The Student has participated in the L Education (the School Act) and to ch Republic Ministry of Education Regula	nanges a	and ame	endments	s to the relevant	Acts as amende	d, and the Slovak			
	Evaluati	on of th	e Leavin	g Examination					
Subject	Level				Internal Part Oral Form				
		/0	rercentile	WHILEH FOITH 76	Oral Politi	Fractical part			
		Optic	nal Subj	ect					
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
The student *				C	ompleted the Lea	aving Examination.			
The Retake Leaving Examination was									
The entire Leaving Examination was p	ermittec	l until:							
		(							
Head Teacher				Head of	the Leaving Exar	nination Board			

<b>.</b>								
The Leaving Examination Certificate with protocol No.:								
Received on:			Signature:					
This copy of the Leaving Examination Certificate was issued on:								
Received on: Signature:								
* successfully/unsuccessfully								
Marks	excellent	very good	good	satisfactory	unsatisfactory			
	1	2	3	$_{\it \Delta}$	5			