THE SLOVAK REPUBLIC

School:							
Leavi	ng Exa	ami	nati	on Cert	ificate		
First Name and Surname:							
Date of Birth:			Place	of Birth:			
Nationality:	Citizenship:						
Branch of Study and Specializati	on:						
Form of Study:							
Class:	L	eaving	Examinat	tion Protocol No.:	:		
The Student has participated in Education (the School Act) and Republic Ministry of Education Re	to changes a	and amo 318/2008	endments 8 Coll. on	s to the relevant the Completion of	Acts as amend	ed, and the Slovak	
	Evaluati		nal Part	g Examination	Internal Part		
Subject	Level	%	Percentile	Written Form %	Oral Form	Language of Examination	
		Optio	onal Subj	ject			
The Student successfully comple	eted the Leavi	ng Exar	mination	in on			
		(
Head Teacher				Head of	the Leaving Exa	amination Board	

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