Approved and Verified translation of the original document, by power of attorney, educational agent Scandinavian study, in Bratislava, Slovakia

THE SLOVAK REPUBLIC

School:

**School-Leaving Examination Certificate**

First Name and Surname:

Date of Birth:Place of Birth:

Nationality:Citizenship: **SK** Birth Reg.Number:

Study programme /code and title/:

Form of Study: **Daily** Academic year:

Class:Number of protocol:

The student has participated in the School-Leaving Examination pursuant to Act No. 245/2008 Coll. on Upbringing and Education (the School Act) and to changes and amendments to the relevant Acts as amended, and the Slovak Republic Ministry of Education Regulation No. 318/2008 Coll. on the Completion of Study at Secondary Schools, according to Regulation No.

209/2011 Coll.

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| **Evaluation of the School - Leaving Examination** |
| Subject | Level | External part | Internal partLanguage of |
| % | Percentil | Written form % | Oral form | Examination |
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| **Optional subject** |
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The student successfully completed the

School - Leaving Examination in: Date:



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Headmaster signature Chairman of the exam comitee