Approved and Verified translation of the

original document, by power of attorney, educational agent Scandinavian study,

in Bratislava, Slovakia

**THE SLOVAK REPUBLIC**

School:

**Report card**

|  |  |  |
| --- | --- | --- |
| **Name and surname:**  |  |  |
| **Date of birth:**  | **Place of birth:**  |
| **Nationality: Slovak** | **Citizenship: SK** | **Birth reg. number:**  |

Study program:

Study form: Daily Year of education: Class: Number in class catalogue: Academic year:

|  |  |  |
| --- | --- | --- |
| Behavior | **1stsemester** | **2nd semester** |
| 1 | 1 |
| **Compulsory subjects** |
| **Subjects** | **1stsemester** | **2nd semester** |
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