

Proof of language proficiency - English

Student

First name:	
Last name:	
Country:	

Studies at INSA Rouen Normandie

Majority of the courses will be taken in:	☐ English ☐ Français
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English language background

Number of hours of English courses taken in the past two years:	
Location	☐ University ☐ Language center ☐ Private tutor ☐ Other: _____

Responsible person certifying language proficiency

Last name, first name:	
Job title:	
E-mail address:	

I declare that, according to CEFR, the level of English proficiency of the student stated above is:

Written expression	Please tick the only one that applies: ☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2
Written comprehension	Please tick the only one that applies: ☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2
Oral comprehension	Please tick the only one that applies: ☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2
Oral expression	Please tick the only one that applies: ☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2

Date: <i>DD/MM/YYYY</i>	Signature: <i>Signature must be of the person certifying language proficiency</i>	Stamp:
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