

## Proof of language proficiency - English

### Student

First name:	
Last name:	
Country:	

### Studies at INSA Rouen Normandie

Majority of the courses will be taken in:	<input type="checkbox"/> English <input type="checkbox"/> Français
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### English language background

Number of hours of English courses taken in the past two years:	
Location	<input type="checkbox"/> University <input type="checkbox"/> Language center <input type="checkbox"/> Private tutor <input type="checkbox"/> 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:*

<b>Written expression</b>	<i>Please tick the only <b>one</b> that applies:</i> <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2
<b>Written comprehension</b>	<i>Please tick the only <b>one</b> that applies:</i> <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2
<b>Oral comprehension</b>	<i>Please tick the only <b>one</b> that applies:</i> <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2
<b>Oral expression</b>	<i>Please tick the only <b>one</b> that applies:</i> <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2

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