

Proof of language proficiency - French

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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French language background

Number of hours of French 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 French proficiency of the student stated above is:

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