

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

Have you taken English language classes before?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Native language <i>If you tick no or native language, no need to complete remaining sections</i>
Number of hours of English classes 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:

Written expression	<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	<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	<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	<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:	Signature of responsible person:	Stamp (if available):
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