

Proof of language proficiency - French

Student

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|-------------|--|
| First name: | |
| Last name: | |
| Country: | |

Studies at INSA Rouen Normandie

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

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| Have you taken French 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 French 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

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|------------------------|--|
| 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 | <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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