

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

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

Last name, first name:		
Job title:		
E-mail address:		
<i>I declare that, according to CEFR, the level of French proficiency of the student stated above is:</i>		
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):

