

CERTIFICATE OF _____ LANGUAGE ABILITY

This certificate must be completed by a person who is in the most appropriate position to assess the applicant's language abilities (preferably current / past teacher of said language).

PART 1

Name of Applicant:

Current year of study:

Degree Programme:

Sending Institution:

PART 2 (Please tick the statements which apply to the applicant)

	Excellent	Good	Fair	Poor	Non-existent
Able to understand lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to engage in daily conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to express one's opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to read newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to write an academic essay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 3

1. Do you believe that the applicant's skills in language are sufficient to follow courses successfully in that particular language (incl. academic writing)?

Yes No

2. Comments: Please make any other candid statement concerning the applicant's language performance.

.....

.....

.....

RECOMMENDATION

I **certify** that to the best of my knowledge and belief the above statements are true.

Assessor's Name:	Name of Institution:
Signature:
Date:	Position: