



LANGUAGE PROFICIENCY

Please complete additional sheets if you are declaring the proficiency for several languages.

to be filled out by student

Study Program

Level Bachelor Master

First Name

Surname

Student Matriculation No

Semester

1. Language*

to be filled out by student

English

Italian

French

Spanish

Other:

* please complete additional sheets if you are declaring the proficiency for several languages.

2. Evaluation

to be filled out by lecturer

	A1	A2	B1	B2	C1	C2
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hereby I declare that the evaluation of the student's language proficiency is accurate.

Name of lecturer:

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Place & Date Signature of lecturer