



IAESTE- Language Certificate

This sheet must be completed and sent with the O form if required

Tick Language to be tested

English French German Spanish Other Please specify _____

Surname:	Name:
Nationality:	Study course:
How long have you studied this language?	Last class:
Examinations Achieved and Grade: <i>Please, provide additional certificates if available</i>	Dates of examinations:

To be completed by the Examiner:

Knowledge of Required Language

(Please, tick one box for each of the four language sections)

- 1. Comprehension**

Understand conversation and reads without difficulty

Understands almost everything spoken slowly and clearly

Understands with difficulty

Cannot follow conversation and written word
- 2. Speaking**

Speaks fluently, correctly and is easily understood

Is understood but is not completely correct and fluent

Speaks haltingly with many mistakes

Cannot speak this language
- 3. Writing**

Writes accurately with ease

Writes slowly with occasional errors

Writes with difficulty and makes many errors

Has no written ability in this language
- 4. Reading**

Reads quickly with understanding

Reads slowly, understanding only some of the text

Has difficulty understanding and must look up many words

Cannot understand simple texts

Overall Conclusion

Excellent Good Fair Poor

Additional comments:

Examiner:	Position:
Place and date:	Signature: