



IAESTE - Language Certificate

This sheet must be completed and sent with the Student Nomination if required.

Tick Language to be tested

English French German Spanish Other Please specify _____

Surname:	First 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

- Understands 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: