

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 Delease specify
Surname:			Name:	
Nationality:			Study course:	
How long have	you studied this	s 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 ocasional 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	l Conclusion Excellent Good Fair Poor	

Additional comments:

Examiner:	Position:
Place and date:	Signature: