

**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:	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: