

IAESTE - Language Certificate
This sheet must be completed and sent with the O Form if required.

Tick Language to be tested		
English French German Spanis	sh Other Please specify	
Surname:	First name:	
Nationality:	Study Course:	
How long have you studied this Language?	Last Class:	
Examinations Achieved and Grade: Please provide additional Certificates if available	Dates of Examinations:	
To be completed by the Examiner		
Knowledge of Required Language (Please tick one box for each of the four lan	guage sections)	
 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 used in the seasily successful to the seasi	ect and fluent	
 3. Writing Writes accurately with ease Writes slowly with occasional errors Writes with difficulty and makes many e Has no written ability in this Language 4. Reading 	rrors	= = = =
Reads quickly with understanding Reads slowly, understanding only some Has difficulty understanding and must lo Cannot understand simple texts	of the text ook up many words	
Overall Conclusion □ Excellent □ Good □ Fair Additional Comments:	□ Poor	
Examiner:	Position:	
Place and Date:	Signature:	