

Confirmation of Language Proficiency

Global Exchange and PROMOS Scholarship Programme

Student Information

Name, First Name _____

Study Program _____

Language Proficiency

This section must be completed by a professor or instructor of Spanish/Portuguese at the University of Siegen.

Name of Signatory _____

School, Department _____

Email _____

Please select the language and indicate the student's present language proficiency in accordance with the Common European Frame of Reference for Languages (CEFR):

Language

Portuguese

Spanish

Language Level

A1

A2

B1

B2

C1

Assessment Criteria

performance in class

exam or language test

native speaker

Place and Date

Signature and Stamp