

CONFIRMATION OF LANGUAGE COMPETENCE
ERASMUS 20.....-20.....

Student's Full Name:

Full Name of the
Sending Institution:

(please use CAPITALS and, if possible, black ink in order this document to be easily copied and/or telefaxed)

CONFIRMATION OF ENGLISH PROFICIENCY*(To be signed by the relevant Foreign Language Instructor at the Sending Institution)*

It is hereby confirmed that the Student has sufficient proficiency in English language such as necessary for auditing lectures and taking examinations at Faculty of Management of WUT.

Student's proficiency described in Common European Framework of Reference for Languagesⁱ level: B2 (Vantage) C1 (Advanced) C2 (Fluent) Mother tongue

(please check the appropriate box)

Signed by:

Signatory's position:

Signature and the Official Seal of the Sending Institution:

Date: (in DD/MM/YYYY format)

Please send the scan by email: international@wz.pw.edu.pl

ⁱ For details, please see http://www.coe.int/t/dg4/linguistic/Cadre1_en.asp