

TransAtlantic Masters

Language Proficiency Certification Form

1. **Name of applicant:**

2. **Language:** French German Italian Spanish

Please submit a separate form for each foreign language you speak and intend to use in the TAM Program.

3. **Name, address, and telephone number** of the university or college faculty member who will complete the language evaluation:

4. **Listening Comprehension**

Please assess the applicant's ability to listen to and understand the language indicated above. Check all that apply.

Can understand simple conversations at a basic level

Can understand the language when spoken at a normal conversational pace

Can understand most of a film or television broadcast

Can understand a university lecture

5. **Reading Comprehension**

Please assess the applicant's ability to read and understand the language indicated above. Check all that apply.

Can read simple texts with the aid of a dictionary

Can read newspaper/magazine articles with the aid of a dictionary

Can read most texts without a dictionary

Can read an academic article with the aid of a dictionary

Can read an academic article without the aid of a dictionary

6. **Writing Ability**

Please assess the applicant's ability to write in the language indicated above. Check all that apply.

Writes at a beginner's level

Can write simple texts with the aid of a dictionary, with occasional grammatical errors

Can write texts of intermediate complexity with good use of vocabulary with the aid of a dictionary

Can write at the level of a university student

7. **Speaking Ability**

Please assess the applicant's ability to speak the language indicated above. Check all that apply.

Can contribute to simple conversations at a basic level

Can speak the language at a normal conversational pace, but with many errors

Can speak the language at a sophisticated level with few errors

Can speak the language fluently and virtually without errors

Additional Comments:

Signature of faculty member: _____ Date _____