TransAtlantic Masters Program - 2020 language evaluation form

1. Name of applicant:

2. Language: ☐ German ☐ French

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 a simple conversation at a basic level.
☐ Can understand the language when spoken at a normal conversational pace.
☐ Has difficulty understanding a number of specific questions and statements.
☐ Is most likely capable of understanding a university lecture.

5. Reading Comprehension

Please assess the applicant’s ability to read and understand a text such as a newspaper article in the language indicated above. Check the applicable box.

☐ Fails to demonstrate an understanding of the text’s overall content.
☐ Has demonstrated an understanding of the content but struggles to grasp relevant details.
☐ Appears to have read and understood most of the assigned text. Has accurately answered questions pertaining to several relevant details.
☐ Has read and understood all aspects of the text.

6. Writing Ability

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

☐ Struggles to write at a beginner’s level.
☐ Can write a simple paragraph with the aid of a dictionary, but makes grammatical errors.
☐ Can write texts of intermediate complexity with a dictionary.
☐ Can write at the level of a university student without a dictionary.

7. Speaking Ability

Please assess the applicant’s ability to speak the language indicated above. Check the statements that apply.
Can contribute to simple conversations at a basic level.  
Can participate in a normal conversation but makes many errors.  
Can speak the language at a sophisticated level with few errors.  
Can speak the language fluently and virtually without error.  

Comments:

Evaluator’s Signature:  ___________________________  Date  ________________