**Language Certificate for STEPS program**

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| |  | | --- | | **APPLICANT PERSONAL DETAILS** | | | |
| |  | | --- | | Name and Surname: | |  |  |
| |  | | --- | | Level of Education | | Undergraduate Specialty Master PhD | |
| |  |  | | --- | --- | | **TEACHER INFORMATION**   |  | | --- | | **The teacher must be a professional language teacher and work in the specific language department** | | | | |
| Name of the teacher: |  | |
| Name of the department: |  | |
| E-mail: |  | |
| |  | | --- | | **APPLICANT LANGUAGE LEVEL (ENGLISH)** | | | |
| The applicant level of knowledge is (mark): A1 A2 B1 B2 C1 C2 | | |
| TEACHER: by signing I declare that I am, at the moment, academic staff of the Saint Petersburg State University and that I am qualified to evaluate the applicant’s language knowledge of the English language  Date: Signature: | | |