**Language Certificate for STEPS program**

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| **APPLICANT PERSONAL DETAILS**  |

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| Name and Surname: |

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| Level of Education |

 | Undergraduate Specialty Master PhD |
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| **TEACHER INFORMATION**

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| **The teacher must be a professional language teacher and work in the specific language department** |

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| Name of the teacher: |  |
| Name of the department: |  |
| E-mail: |  |
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| **APPLICANT LANGUAGE LEVEL (ENGLISH)** |

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| 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 languageDate: Signature: |