

ENGLISH LANGUAGE SKILLS FORM

Name of Student:

Field of Study:

Sending Institution: **Akademia Wychowania Fizycznego im. Eugeniusza Piaseckiego w Poznaniu/Poland.**

By signing below I certify that my language proficiency level in English corresponds to the criteria described to the self-assessment grid within the Council of Europe *Common European Framework of Reference, CEFR, level B2.*

Place, date:
Name:
Student's signature:

To be confirmed by a Institutional Coordinator:

Signature:
Name: Małgorzata Nawrocka, M.A.
Position and Title: Institutional Erasmus+ Coordinator
Place, date: