Erasmus+ Programme

Mobility Project for Higher Education – Key Action 1

**Staff Mobility for Teaching Assignments(STA)**

**STATEMENT OF MOBILITY PARTICIPANT ON FOREIGN LANGUAGE COMPETENCE**

Name of mobility participant

Name of sending Institution / Enterprise

I, the undersigned hereby declare that I am eligible to conduct lectures/classes to the students of University of Life Sciences in Lublin.

**LANGUAGE COMPETENCE**

|  |  |
| --- | --- |
| Mother tongue  | ……… |
| Language of instruction ……… (MINIMUM B2) |
| Language **ENGLISH** ………….. ………….. | Level  [ ]  *B1* [ ]  **B2**  [ ]  **C1** [ ]  **C2** [ ]  **native**[ ]  A1 [ ]  A2 [ ]  B1 [ ]  B2 [ ]  C1 [ ]  C2 [ ]  native[ ]  A1 [ ]  A2 [ ]  B1 [ ]  B2 [ ]  C1 [ ]  C2 [ ]  native (A1-beginner, A2-elementary, B1-intermediate, B2-upper-intermediate, C1-advanced, C2-proficiency) |

**[ ]** I submit a photocopy of the language certificate

**[ ]** I submit a certificate photocopy of completed foreign language course

**[ ]** I do not have a foreign language certificate, however I use the language to the degree allowing for the efficient conduct of lectures / classes

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Place, date Signature

**I confirm:**

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Superior at the sending Institution / Enterprise Erasmus+ Institutional Coordinator at Receiving Institution