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