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| --- | --- | --- | --- | --- | --- |
| **English Proficiency Certificate** | | | | | |
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| Please make an assessment of whether the student has the English ability equivalent to CEFR level B2 or above to follow classes offered in English at Chiba University. | | | | | |
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|  |  |  |  |  |  |
| Student name | |  | | | |
| Institution name | |  | | | |
|  |  |  |  |  |  |
| How well, how long, and under what conditions have you known the student? | | | | | |
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| Please indicate your opinion on the student's English ability in speaking, listening, reading and writing. | | | | | |
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| The student is judged to have sufficient English ability because of the reason(s) stated above. | | | | | |
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|  |  |  |  |  |  |
|  | Date |  |  |  |  |
|  | Evaluator |  |  |  |  |
|  | Title |  |  |  |  |
|  | Institution |  |  |  |  |
|  | Email address |  |  |  |  |
|  |  |  |  |  |  |
|  | Signature |  |  |  |  |