Authorization of Language Proficiency

To whom it may concern,

The Language Center of the Hebrew University of Jerusalem hereby authorizes that

___________________________________________________________ meets the following criteria:

(Last name, First name)

☐ Has successfully completed course _________________________________

(title and #)

in ________________________, equivalent to CEFR level _______________.

(language)

☐ Is currently participating in course _________________________________

(title and #)

in ________________________, equivalent to CEFR level _______________.

(language)

☐ Has completed/is studying in a language course not yet under the auspices of

the Language Center; the following details are authorized:

Number of contact hours: _________________
Language of instruction: ____________________________
Name of instructor: ________________________________
Focus of course: _________________________________
Link to course syllabus:

________________________________________________________________________

Date: __________________________ Name: __________________________
Position: __________________________
Signature: __________________________

[not valid without Language Center stamp]

➢ For course information and learning outcomes, visit http://languages.huji.ac.il/

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