



CALL FOR ERASMUS MOBILITY FOR TRAINEESHIP TO PROGRAMME COUNTRIES (KA131) A.Y. 2024/2025 DECLARATION OF LANGUAGE COMPETENCE AND CERTIFICATION

The undersigned, born in [Place of birth]						
-		on [Date of birth], Tax	c Code			
I	Matriculation number, Phone/mobile number, enrolled in					
1	the course of study at the Department					
email,						
Aware of the responsibilities and criminal sanctions established by the law for false statements and deceitful declarations,						
DECLARES						
 □ not to have acquired adequate knowledge of the language(s) for which they intend to apply. □ to have acquired adequate knowledge of the language(s) for which they intend to apply, as specified below: 						
	Languages₁	Kind of certificate 2	Level (CEFR) 3	Date of	issueing	
	ENGLISH					
	FRENCH					
	GERMAN					
	Portuguese					
	SPANISH					
/iterbo, Signature						

- 1. Select with an X only the language(s) for which the student intends to apply in accordance with the choices made in the online application;
- 2. Proficiency in the language(s) must be certified by passing a university exam, obtaining an official certification issued by public/private entities, both Italian and foreign, obtaining an official certification issued by the Language Services Unit, also for E+ study and traineeship calls from previous academic years, or obtaining the final certification from the Online Linguistic Support (OLS) E+;
- 3. Indicate the level of language proficiency according to the parameters of the Common European Framework of Reference for Languages https://www.coe.int/en/web/common-european-framework-reference-languages/level-descriptions
- 4. [This attachment must be printed, filled out, and, after scanning (in one of the allowed formats: pdf, jpeg, png, gif, bmp), uploaded to the designated space in the online application (Step 4), under penalty of exclusion from the selections.]