



Authorization of Language Proficiency

To whom it may concern,

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

(Last name, First name)

(Student No.)

Has presented certification _____ certification at level _____
(Test Name)

Has successfully completed course _____
(title and #)
in _____, equivalent to CEFR level _____.
(language)

Is currently participating in course _____
(title and #)
in _____ and is expected to complete CEFR level
(language)

_____ by _____.
(Month, Year)

Date: _____

Name: _____

Position: _____

Signature: _____

[not valid until stamped]

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