



Université du Québec
à Trois-Rivières
**Bureau des relations
internationales**

**Évaluation des compétences
linguistiques / Language
Proficiency Evaluation
FORMULAIRE S3 / S3 FORM**

Student mobility program
English, Spanish and other

STUDENT'S IDENTIFICATION

Last name: _____ **First name:** _____

ID number _____ **UQTR program :** _____

Student's mother tongue : _____ **UQTR contact email :** _____

EVALUATOR IDENTIFICATION

Last name: _____ **First name:** _____

Language evaluated : English Spanish Other: _____

ORAL EVALUATION

Please rate the student's oral proficiency in the selected language:

Excellent/Very good Good Passable Poor/Unsatisfactory

Comments :

Written evaluation required

WRITTEN EVALUATION

Please rate the student's written proficiency in the selected language:

Excellent/Very good Good Passable Poor/Unsatisfactory

Comments :

I confirm that the student has the language skills required to study abroad.

or

The student must retake the oral/written evaluation before March 1st (for fall semester) or before September 1st (for winter semester).

Evaluator's signature: _____ **Date:** _____

* Pour insérer votre signature, veuillez cliquer sur "Remplir et signer" dans l'onglet "Outils". *