



## LANGUAGE CERTIFICATE

To whom it may concern

I, the undersigned, ....., Academic Coordinator at (name of university) ....., attest that the nomination for a Study Abroad Period for the Academic Year 2015-2016 for the students here below :

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is based on their level of French Language knowledge (i.e. minimum B1), sufficient to attend courses within the **DEUF programme (Diplôme d'Etudes Universitaires Françaises)** at University Jean Moulin Lyon 3.

Date :

Signature :