



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 2020-2021 for the student (*NAME and Firstname*)

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

Date :

Signature :