



FRENCH LANGUAGE PROFICIENCY REPORT

KILLAM FELLOWSHIPS APPLICATION PACKAGE

Instructions to the Applicant

An applicant whose first language is not French, and/or plans to attend a French-language institution, must complete this form and submit it with their completed application form for a Killam Fellowship. This confidential report is meant to provide an indication of the applicant's present command of French. This form must be completed by a professor of French or a person designated by the home institution to do so. Please note that candidates may also be asked to submit a TFI test score.

Applicant Name

First

Middle

Last

First Language

Instructions to the Evaluator

The person whose name is given above is applying for a Killam Fellowship. Should the applicant be selected for an award, and the applicant has chosen to study at a French academic institution, the applicant must be proficient in French. Please complete this confidential report and submit it to killamapplications+french@fulbright.ca

To be completed by the Evaluator

Evaluator Name

Title and Institution

Please indicate in what manner you evaluated the following dimensions of the applicant's proficiency in French.

1. Spoken French

2. Written French

3. Listening Skills

4. Reading

Spoken French:

- Speaks fluently and with ease at an advanced level
- Speaks with ease but with occasional errors
- Speaks haltingly with frequent errors

Reading:

- Comprehends advanced level material
- Comprehends intermediate level material
- Comprehends elementary level material

Listening Skills:

- Understands complex conversation
- Understands with some hesitation
- Understands simple vocabulary

Written French:

- Writes fluently and with ease at an advanced level
- Expresses thoughts comprehensibly with occasional errors
- Writes at an elementary level with frequent errors

In your opinion, would the applicant be capable of carrying out advanced level academic study and/or research in French?

Yes, with ease

Yes, with some difficulty

No

Evaluator's Signature

Date

Contact Information

Street

City

Province/State

Postal/Zip Code

Country

Phone

FAX

Email

Submit this form to killamapplications+french@fulbright.ca