Europa-Universität Flensburg
Master of Arts
Kultur – Sprache – Medien (KSM)

APPLICATION FOR RECOGNITION OF A LANGUAGE CERTIFICATE TO FULFILL A LANGUAGE PROFICIENCY REQUIREMENT IN THE MA KULTUR – SPRACHE – MEDIEN

Please fill out in block letters

PERSONAL INFORMATION

Name: _____

Student ID Number: _____

E-Mail: _____

LANGUAGE CERTIFICATE DETAILS

Language: ☐ English ☐ German **Level (CEFR):** ☐ B2 ☐ C1

Examination Date: _____

Issuing Institution: _____

ADDITIONAL INFORMATION (IF ANY)

Comments / Notes:

Place, Date: _____ **Signature:** _____

The original or a certified copy of the language certificate must be attached to the application!
Please submit to Dr. Sibylle Machat – E-Mail: ksm@uni-flensburg.de