Center for Global Engagement

Verification of English Language Proficiency for Prospective University of Richmond J-1 Exchange Visitors

All prospective University of Richmond J-1 exchange visitors, including native English speakers, must submit this form documenting English language proficiency as required by the U.S. Department of State regulation 22 C.F.R. Part 62.10(a)(2).

This section should be completed by the prospective exchange student/scholar.

Name *(as written in passport)*	Family Name, Birth/Given Name Middle Name
Home Institution/Organization *(If you are not affiliated with an institution/organization, please type N/A, or Not Applicable)*	Institution/Organization
Home Institution/Organization Address	Address 1 Address 2 City, State/Province Postal Code Country
Home Institution/Organization Contact Information	Email Website Telephone Fax
Start and End Dates of University of Richmond exchange program *(Please type as MM/DD/YY)*	Start Date End Date

Please complete only **ONE** of the following sections:

Native English Speakers

I verify that I am a native English speaker and therefore have a sufficient level of English to participate in a University of Richmond J-1 exchange program and function on a daily basis outside of the exchange activity.

_____
Electronic signature

Non-Native English Speakers

This section should be completed by a faculty member or administrator at the prospective exchange student/scholar's home institution. If you are employed at an organization, a supervisor should complete this form. If you are not affiliated with an institution or organization, please ask the UR faculty/staff member sponsoring your visit to complete this form.

I verify that this prospective exchange student/scholar has a sufficient level of English to participate in a University of Richmond J-1 exchange program and function on a daily basis outside of the exchange activity.

Signature *(Typed or electronic signatures are preferred)*	Signature
Name of Signatory *(For non-typed signatures only)*	Name
Title, Department & Institution/Organization of Signatory	Title Department Institution/Organization

Home Institution/Organization Stamp/Seal Signature Date *(Please type as MM/DD/YY)*	Signature Date

PLEASE RETURN THIS FORM BY EMAIL TO **konsanit@richmond.edu**
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