

**Verification of English Language Proficiency for**

**Prospective University of Richmond J-1 Exchange Visitors**

**For**

**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).**](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&r=PART&n=22y1.0.1.7.35#se22.1.62_110)

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

|  |  |
| --- | --- |
| Name *(as written in passport)* | Family Name**,** Birth/Given NameMiddle 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**](mailto:konsanit@richmond.edu)

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