

## Confirmation of English Proficiency

Name of prospective exchange visitor: \_\_\_\_\_

I understand that appropriate English language proficiency is a federal mandate from the U.S. Department of State for participants in the J-1 Exchange Visitor Program ([22 C.F.R. § 62.10\(a\)\(2\)](#)). I also understand that appropriate English proficiency helps to ensure the safety, well-being, and cultural adaptation of an exchange visitor both within the University of Florida (UF) work environment, as well as beyond.

I am aware that an Exchange Visitor who is deemed to have insufficient English language skills when checking in with the UF International Center will not be allowed to pursue their program at UF and will have to return to their home country within 30 days of the official start date of their program. I further understand that inaccurate confirmation of English proficiency could lead to jeopardizing the UF's J-1 visa program.

By signing below, I acknowledge that I have determined that the prospective exchange visitor possesses sufficient English proficiency to participate in their proposed UF program activities as well as to navigate daily life outside the UF campus.

*You may base this assessment on a previous working relationship or through a documented interview conducted by you in English—either in-person, by videoconferencing or by telephone (if videoconferencing was not an option). If you are able to confirm proficiency based on a previous working relationship, please describe the extent of your interactions with the exchange visitor. If your confirmation is based on an interview, please provide a short narrative of the interview, including detailed notes of the questions and answers in the interview. Please also specify when and how this interview was conducted and your impressions regarding language proficiency. (You may provide this on a separate document if needed.)*

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*Please be advised that the documentation you submit will become part of the exchange visitor's personnel file and will be made available to the U.S. Department of State if requested for reviews of the University of Florida's exchange visitor program.*

Faculty Sponsor's Signature: \_\_\_\_\_

Faculty Sponsor's Name: \_\_\_\_\_

Faculty Sponsor's Department and Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_