



INTERNATIONAL STUDENTS & SCHOLARS

163 William Street, 16th Floor
 New York, NY 10038
 +1-212-346-1368

Certification of English Language Proficiency

Attach this form with the appropriate supporting documentation. Certification of English Language Proficiency is required for all J-1 visiting students and scholars.

Exchange Visitor's Name: _____ **Date:** _____

The Department of State requires J-1 Exchange Visitors to have "sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, to successfully participate in his or her program and to function on a day-to-day basis." [22 CFR 62.10(a)(2)]. An applicant whose first language is English and is a citizen of a country in which English is the primary spoken language of daily life (e.g., Australia, Barbados, Canada, Ireland, Jamaica, New Zealand, United Kingdom) is exempt from this requirement.*

CHECK ONE:	INDICATE HOW THE ENGLISH PROFICIENCY FOR THE PROSPECTIVE EXCHANGE VISITOR HAS BEEN CERTIFIED.	
<input type="checkbox"/>	PROSPECTIVE SCHOLAR IS EXEMPT FROM THIS REQUIREMENT	<input type="checkbox"/> PROSPECTIVE SCHOLAR CONFIRMED FIRST LANGUAGE AS ENGLISH. <input type="checkbox"/> PROSPECTIVE SCHOLAR IS A CITIZEN OF A COUNTRY IN WHICH ENGLISH IS THE PRIMARY SPOKEN LANGUAGE OF DAILY LIFE. <input type="checkbox"/> PROSPECTIVE SCHOLAR ATTENDS A HOME INSTITUTION WHERE LANGUAGE OF INSTRUCTION IS ENGLISH.
<input type="checkbox"/>	CERTIFICATION BY A LANGUAGE TEST RECOGNIZED BY PACE UNIVERSITY ADMISSION STANDARD	A COPY OF THE TEST SCORE IS PROVIDED <ul style="list-style-type: none"> • THE TEST MUST HAVE BEEN TAKEN WITHIN THE PAST 2 YEARS • IELTS OVERALL SCORE OF 6.5 (MIN.) • TOEFL TEST SCORE MUST BE 550 (PAPER BASED) OR 80 (INTERNET BASED)
<input type="checkbox"/>	CERTIFICATION BY PACE INTERNATIONAL STUDENTS AND SCHOLARS (ISS) (SIGNATURE REQUIRED IN RIGHT COLUMN) ASSESSMENT OF LANGUAGE PROFICIENCY (CHECK THE APPROPRIATE BOX) <ul style="list-style-type: none"> <input type="checkbox"/> COMPREHENSION <input type="checkbox"/> SPEAKING ABILITY <input type="checkbox"/> DAILY LIFE COMMUNICATION ABILITY <input type="checkbox"/> ACADEMIC LANGUAGE PROFICIENCY 	DATE OF INTERVIEW: _____ DURATION OF INTERVIEW: _____ THE INTERVIEW WAS CONDUCTED (CHECK ONE) <input type="checkbox"/> IN PERSON <input type="checkbox"/> BY VIDEOCONFERENCE <input type="checkbox"/> BY PHONE I DECLARE I HAVE INTERVIEWED THE PROSPECTIVE EXCHANGE VISITOR. I HAVE VERIFIED THAT THE EXCHANGE VISITOR'S ENGLISH LANGUAGE PROFICIENCY IS SUFFICIENT TO FUNCTION DAILY WITHIN THE ACTIVITIES RELATED TO THE PROGRAM AND WITHIN THE LOCAL U.S. COMMUNITY _____ ISS Representative's Name (printed) _____ ISS Representative's Signature _____ Date: _____