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**Certification of English Proficiency Assessment**

**Prospective J-­‐1 degree and Visiting Student applicants  
Please send completed and signed copy to** [**isoforms@mit.edu**](mailto:isoforms@mit.edu) **with student’s name and ID# in subject line**

**Prospective J-­‐1 Student**: , **MIT ID #**

I, as representative of the sponsoring program for the prospective J‐1 student named above, understand that an assessment of the aforementioned prospective student’s English language proficiency is required by law (22 CFR §62.10(a)(2)).

I declare that the prospective J-1 student named above has sufficient English language proficiency to navigate daily life in the U.S, to successfully participate in the academic program at MIT, and to comprehend his/her responsibilities and rights.

I have completed the Certification of English Language Proficiency Assessment below and I understand that supporting documentation of the assessment is required by law to be retained on file by the MIT department, School, or program for a minimum of three years.

Print name of the MIT Faculty/Admissions Officer Title Department/School/Program

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Signature Date

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| Check box(es) | **Please Indicate how the admitting MIT Department, School, or Program has verified the English language proficiency for the prospective J-1 student applicant named above.** | |
| ☐ | **English is the prospective student’s first language** | |
| ☐ | **Verification by a recognized English language proficiency test** | * ***Keep a copy of the official test score report*** ***(Example: TOEFL, IELTS, etc.)*** |
| **☐** | **Verification by an academic institution or English language school** | * ***Keep a copy of the signed institution documentation*** |
| ☐ | **Verification through a documented interview conducted by the Sponsoring Professor/Admissions Officer, Designated MIT Administrator** | * ***Print name below. Documentation required to be on file***     Documented interview conducted by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Title Date    Check one:  ☐ In person ☐ Via Videoconference ☐ Via phone\*  \*Only if videoconference is not a viable option |