

Exchange Visitor Program (EVP) Visitor Proposal and Routing Process Form

For NEW applications: Please fill out all sections except for the extension request section (on page 1).

For EXTENSION applications: Please fill out all sections including the extension request section.

TO BE FILLED OUT BY FACULTY SPONSOR		
Visitor's Legal Name: (as it appears on passport)		
<i>Last, First Middle</i>		
Visitor's Country of Citizenship: (if more than one, please also note passport country)		
Faculty Sponsor:		
<i>Last, First</i>	<i>Home Department</i>	<i>Home College/School (abbr)</i>
Desired Arrival Date (MM/DD/YY):		
Desired Departure Date (MM/DD/YY):		

NOTE: APPLICATION SHOULD BE SUBMITTED 3-6 MONTHS BEFORE PROPOSED VISIT START DATE.

EXTENSION REQUEST		
What type of visitor is requesting the extension: <input type="checkbox"/> Student <input type="checkbox"/> Scholar <input type="checkbox"/> Faculty		
If this visitor is applying for an extension request, please describe in detail:		
1) Rationale for the requested extension		
2) What the visitor will do during extension?		
3) Start and end dates of requested extension:		
4) Start and end dates of current/previous appointment(s):		
Required: Attach all previous appointment letters.		

Type of Visitor	
<p>Start and End Dates for Visiting Appointments: All visiting appointments must start on either the 1st or 15th of each month. Visiting Students must be enrolled at Northeastern University during the academic term and remain enrolled for a minimum of 3 weeks and maximum of 1 calendar year.</p>	
<p>Visiting Faculty: Visitor with faculty position at another institution coming to NU to teach or conduct research. <i>If a posted paid visiting faculty appointment, STOP and follow the university's standard hiring procedure.</i></p> <p style="text-align: center;"> <input type="checkbox"/> PAID Visiting Faculty <input type="checkbox"/> UNPAID Visiting Faculty </p>	
<p>Visiting Scholar: Up to 1 year; may be eligible for up to 1 year renewal; with a doctoral degree or equivalent from an academic or non-academic institution/agency/company coming to NU to conduct research or teach. <i>If a posted paid research appointment, STOP and follow the university's standard hiring procedure.</i></p> <p style="text-align: center;"> <input type="checkbox"/> PAID Visiting Scholar <input type="checkbox"/> UNPAID Visiting Scholar </p> <p>Note: If visiting scholar is to be paid by the faculty sponsor, please use the Visiting Appointment Pay Scheme to determine hourly pay (available here).</p>	
<p>Visiting Student: Up to 1 year; visitor enrolled at another institution coming to NU to further their educational objectives.</p> <p>Note: Visiting Students must be enrolled at Northeastern University during the first academic term of their visit and remain enrolled for a minimum of 3 weeks and maximum of 1 calendar year.</p> <p style="text-align: center;"> <input type="checkbox"/> PAID Visiting Student <input type="checkbox"/> UNPAID Visiting Student </p> <p>Note: If visiting student is to be paid by the faculty sponsor, please use the Visiting Appointment Pay Scheme to determine hourly pay (available here).</p>	

Visitor Background	
Highest educational level obtained or working towards: <input type="checkbox"/> BS/BA <input type="checkbox"/> MS/MA <input type="checkbox"/> PhD	
Has the visitor been affiliated with Northeastern previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
<p>Please attach visitor's CV (required)</p> Name and country of visitor's current institution or place of employment:	
If visitor holds a PhD or other doctorate degree, name of institution of PhD conferral:	
Visitor's Date of Birth (MM/DD/YY): Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Visitor's Residential Address:	Visitor's Mailing Address (if different):
Visitor's E-mail Address:	

Details of Visit

Detailed description of research, including any connections with faculty sponsor's current research:

Basis for visit – colleague recommendation, research partnership, request initiated by visitor, etc.:

Physical located assigned to visitor (building name, room and type [e.g.: cubicle, shared office, other work station]):

Some training may be required for visitors, including those working in either computational or physical labs. Please indicate any and all anticipated training required by visitor:

- | | |
|---|--|
| <input type="checkbox"/> CITI (research ethics) | <input type="checkbox"/> Biosafety |
| <input type="checkbox"/> Human Subjects | <input type="checkbox"/> Chemical Safety |
| <input type="checkbox"/> Data Security | <input type="checkbox"/> Other (describe): |

Anticipated hours/week visitor will dedicate to efforts described above (not to exceed 20 hours/week for Visiting Students):

Required funding information. Confirm by checking the applicable boxes:

- Visitor can demonstrate financial ability to meet the minimum requirements for the J visitor category set by the Office of Global Services (OGS) based on the cost of living at the location of activity (for minimum requirements, visit our page for [students](#) or our page for [scholars/faculty](#)). **Confirmation required for all visitors.**
- If the visitor is a student, you must confirm*** that less than 50% of the minimum financial requirements will come from personal or family funds. If not confirmed, the application will be returned.

Details of Visit, Continued

Please describe financial support to be provided by sponsoring faculty member and description of activity justifying that support (if applicable):

Please specify other financial support sources (e.g., personal and family funds, company/employer funds). Please indicate and attach letter if support is provided by foundation/award/home institution or scholarship. If the visitor is a student, cannot have more than 50% of minimum financial support resources come from personal or family funds.

Faculty Sponsor's current grant support (funding agency or other entity, title of project, start/end dates, percent effort per grant):

Faculty Sponsor's current visitors

Full Name	Title	Campus Location
Visitor Category	Date of Visit	Home Institution
Full Name	Title	Campus Location
Visitor Category	Date of Visit	Home Institution
Full Name	Title	Campus Location
Visitor Category	Date of Visit	Home Institution
Full Name	Title	Campus Location

SIGN-OFF BY FACULTY SPONSOR AND UNIT HEAD

I acknowledge that the proposed visitor is required to comply with the below conditions and that I am responsible for informing them of the conditions of their visit. I agree to notify the proposed visitor of applicable university policies, including but not limited to, the Policy on Appropriate Use of Computer and Network Resources, the Policy on Equal Opportunity, and the Policy on Sexual Harassment.

Check each item to confirm.

The visitor shall:

- Comply with all conditions of the appointment letter.
- Comply with all applicable university policies.
- Not work on research that may be restricted by export control regulations or the university's intellectual property policy without express written authorization from the AVP for Research Compliance.
- Not work on any funded research where the funding source prohibits J-1 visa holders to be involved.

I confirm that the information provided above regarding the visitor is true and accurate to the best of my knowledge.

Faculty Sponsor Signature: _____

Date: _____

Printed Name: _____

Unit Head Signature: _____

Date: _____

Printed Name: _____

Dean or Associate Dean

Signature: _____

Date: _____

Printed Name: _____

THIS PORTION TO BE FILLED OUT BY COLLEGE HRM KEY CONTACT, ALL APPLICABLE FIELDS REQUIRED

English Language Verification for students and scholars: **Please attach documentation (required)**

- TOEFL score: _____ (minimum score is 79)
- IELTS score: _____ (minimum score is 6.5)
- Accuplacer Assessment (minimum score is 70)

Note: If visiting student or scholar does not meet minimum TOEFL or IELTS, Accuplacer Assessment is necessary unless proficiency is confirmed by another university-approved method.

English Language Verification for faculty:

- Confirmation by faculty sponsor, indicating verification of visitor’s English proficiency

Note: English Language Verification not required for visiting appointment extensions.

Note: Restricted Party Screening (RPS) will be completed by the Compliance Department.

HRM Key Contact Signature: _____ Date: _____
Printed Name: _____
Date Submitted: _____

Key contact will initiate the DS-2019 sponsorship request process:

- Faculty will be emailed and requested to complete online eforms through MYOGS including a Faculty-Host Agreement.
- EVP visitor will be sent an email and requested to complete online eforms through MYOGS asking for the following information:
 - Financial documentation
 - Curriculum vitae (CV)
 - Passport
 - Statement of compliance with health insurance requirements
 - Biographical information, U.S. immigration history, funding information, and dependent information (if applicable)

PROCEDURE

1. Complete this form and obtain all signatures. Be sure all information is provided.
2. Attach all required documentation and offer letter.
3. Email complete package to Deb Franko, SVP Academic Affairs (d.franko@northeastern.edu).
4. University Visiting Appointments Oversight Committee will review within three weeks; if approved, the Committee will send approval back to college HRM Key Contact.
5. If a visiting student, the student must use the URL found in the appointment letter to register for the research course each academic term for the duration of their appointment.