DATE

Visiting Student Name Department

Home institution name Address

Dear NAME:

Upon the review of the recommendation of Professor [name], I am extending the invitation for you to continue as a Visiting Student in the [department] at the [college] at Northeastern University’s Boston Campus (“Northeastern”), to conduct research on [degree program] from [extension date] to [end date] (the “Program”). For the duration of this extended visiting appointment, you will continue to focus on your research in [research topic/field] under the advisement of your host Professor [name]. As a Visiting Student, you are expected to spend no more than 20 hours per week supporting your research.

I understand that you continue to maintain status as a student at [name of Home Institution and City/State/Provence/Country] and will remain enrolled as a student at [name of Home Institution] while you are a Visiting Student at Northeastern. If your affiliation with [name of Home Institution] changes, you are required to notify [name of college contact] immediately. At all times during the period of this visiting appointment, you will be responsible for the payment of your travel and living expenses, including health care, through non-Northeastern sources. As a Visiting Student, you will be registered for a research course at no cost to you, making you eligible to access a range of Northeastern resources, including the library and other facilities.

The Office of Global Services (OGS) collaborates with Northeastern’s academic departments and colleges to support visiting students who are hosted at Northeastern to engage in their research objectives. OGS offers a variety of cultural events and programs throughout the year that we strongly encourage you, as a Visiting Student, to continue to participate in to enrich the quality of your experience at Northeastern and in the United States.

The HRM contact in your college will initiate a request to OGS to extend your DS-2019 to match your extended Visiting Student appointment end date. As part of that process, you will receive a request to provide information to OGS to confirm continued maintenance of your J-1 visa status. **It is your responsibility to ensure that your DS-2019 program extension is completed prior to your current DS-2019 end date.** Upon approval of the DS-2019 program extension, OGS will issue you an updated DS-2019 reflecting the end date of your Northeastern Visiting Student appointment. OGS will also automatically reverify your I-9 through the new end date, showing your continued work authorization required to remain on payroll. Please continue to be in contact with OGS for any questions related to your J-1 visa status by emailing OGS\_Scholars@northeastern.edu.

You are required to continue to abide by the Code of Student Conduct (<https://osccr.sites.northeastern.edu/code-of-student-conduct/>) and all other Northeastern policies and procedures which pertain to you as a Visiting Student at Northeastern. These policies and procedures may evolve over time and are subject to change.

In connection with your extended Visiting Student appointment, you may be supplied with or have access to confidential and proprietary information relating to Northeastern. It is important for you to understand that any unauthorized or inappropriate use, appropriation, reproduction or disclosure of such information supplied by and relating to Northeastern is prohibited.

This letter represents the entire agreement between you and Northeastern, and supersedes any and all other prior written or oral agreements regarding this visiting appointment. The terms of this letter and appointment may only be amended or modified in writing by an authorized Northeastern representative.

We look forward to continuing to host you as a Visiting Student in the [department] in the [college] at Northeastern’s Boston Campus. If the terms outlined above are acceptable, please sign this letter where indicated below and complete the Visiting Student Research Registration form ([https://registrar.northeastern.edu/article/visiting-student-research-registration/](https://nam05.safelinks.protection.outlook.com/?url=https%3A%2F%2Fregistrar.northeastern.edu%2Farticle%2Fvisiting-student-research-registration%2F&amp;data=02%7C01%7Ci.konda%40northeastern.edu%7Cff83704fdfa6400739d608d6c43079d2%7Ca8eec281aaa34daeac9b9a398b9215e7%7C0%7C0%7C636912109827280882&amp;sdata=k2g0r56fIaAA5eoA0HV43%2FEX86mVvMkhhpSRVLLMgEQ%3D&amp;reserved=0)) and return them to [HRM key contact name] (email address). If you have any questions, please feel free to contact Professor [name] at [email address, office location, phone number].

We look forward to your visit. Sincerely,

NAME

Dean or Associate Dean for Faculty

I accept all the terms of this extended appointment as set forth above and I agree to adhere to all of the policies and procedures of Northeastern University.

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| --- | --- | --- |
| DATE |  | [Name of Visiting Student] |