

## Exchange Visitor Program (EVP) Visitor Proposal and Routing Process Form (6/12/19)

### To be filled out by Faculty Sponsor

#### Visitor and Sponsor Details

Visitor Last Name:		Visitor First Name:	
		Visitor Middle Name:	
Faculty Sponsor:		Department:	
Desired Arrival Date:		End Date:	
Type of Visitor:	<input type="checkbox"/> Visiting Faculty (visitor with faculty position at another institution coming to NU to teach or conduct research) <input type="checkbox"/> Paid* <input type="checkbox"/> Unpaid *If a <u>posted</u> visiting faculty appointment, stop and follow the university's standard hiring procedure.  <input type="checkbox"/> Visiting Scholar (up to 1 year; may be eligible for up to 1 year renewal; visitor with a doctoral degree or equivalent from an academic or non-academic institution/agency/company coming to NU to conduct research or teach) <input type="checkbox"/> Paid* <input type="checkbox"/> Unpaid *If a <u>posted</u> research appointment, stop and follow the university's standard hiring procedure.  <input type="checkbox"/> Visiting Student (up to 1 year; visitor enrolled at another institution coming to NU to further their educational objectives) <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid  <ul style="list-style-type: none"> <li><b>Level:</b> BS/MS/PhD</li> <li><b>Term:</b> Visiting Student must be enrolled at the university at the beginning of an academic term and remain enrolled until the end of the academic term.</li> <li><b>Note:</b> If visiting appointment is to be paid, please use attached pay scheme to determine hourly pay (last page of this document).</li> </ul>		
Has the visitor been affiliated with Northeastern previously? <input type="checkbox"/> Yes    If so, explain: _____ <input type="checkbox"/> No			
Current institution or place of employment:  <input type="checkbox"/> CV attached			
If visitor holds a PhD or other doctorate degree, institution of PhD conferral:			
Date of birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Visitor Address of Residence:			
Visitor Mailing address (if different):			
Visitor Email Address:			

**Details of Visit:**

Description of research, including any connections with faculty sponsor's current research:
Basis for visit – colleague recommendation, research partnership, request initiated by visitor, etc.:
Anticipated training required by visitor: <ul style="list-style-type: none"><li><input type="checkbox"/> CITI (research ethics)</li><li><input type="checkbox"/> Human Subjects</li><li><input type="checkbox"/> Biosafety</li><li><input type="checkbox"/> Chemical Safety</li><li><input type="checkbox"/> Other _____</li></ul>
Anticipated hours/week visitor will dedicate to efforts described above (not to exceed 20 hours/week for Visiting Students):
Required funding information for visitors: <ul style="list-style-type: none"><li><input type="checkbox"/> Visitor can demonstrate financial ability to meet the <u>minimum requirements</u> for the J visitor category set by the Office of Global Services (OGS) based on the cost of living at the location of activity.</li><li><input type="checkbox"/> If a Visiting Student, visitor will not be funded by personal or family funds in <b>excess of 50%</b> of the established <u>minimum requirements</u> for the J student category.</li></ul>
Financial Support to be provided by Sponsoring Faculty member and description of activity justifying that support (if applicable).
Other Financial Support source(s) (e.g., foundations, awards, personal and family funds, home institution scholarship, company/employer funds).

Faculty Sponsor's current grant support (funding agency or other entity, title of project, start/end dates):
Current visitors hosted by Faculty Sponsor (name, titles, visitor category)
Location where visitor will be located (building, room and type – cubicle, shared office, other work station):

**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. The visitor shall:

- Not work on any federally funded research projects for which effort reporting is required without express written permission of the sponsoring agency program officer.
- Comply with all conditions of the appointment letter.
- 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.
- Comply with all applicable university policies.

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:** \_\_\_\_\_

I recommend approval of this visitor.

**Unit Head Signature:** \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_

**Dean's Office Signature:** \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_

### To be filled out by College HRM Key Contact

English Language Verification (attach documentation):  <input type="checkbox"/> TOEFL Score _____  <input type="checkbox"/> IELTS Score _____  <input type="checkbox"/> Accuplacer Assessment (min. 70)  <input type="checkbox"/> Other method of verification (describe in detail)
Restricted Party Screening (RPS) completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you need further information or have questions about the RPS process, please contact <a href="mailto:RPS@northeastern.edu">RPS@northeastern.edu</a>

HRM Key contact signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name \_\_\_\_\_

**PROCEDURE:**

1. Complete this form and obtain all signatures;
2. Submit form and offer letter to Deb Franko, SVP Academic Affairs, via email ([d.franko@northeastern.edu](mailto:d.franko@northeastern.edu));
3. University Visiting Appointments Oversight Committee will review within three weeks; If approved, the Committee will send offer letter back to college HRM Key Contact to be signed and sent to Visitor.

## Documents required for OGS DS-2019 sponsorship process

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
  - CV
  - Passport
  - Statement of compliance with health insurance requirements
  - Biographical information, U.S. immigration history, funding information, and dependent information (if applicable)

## Visiting Appointment Pay Scheme

Type	Visiting Category	Appointment Status	Salary Appointment	Standard Hours	Benefits-Eligible	I-9 Required	Background Check
Paid	<b>Visiting Student:</b>						
	B.S. Candidate (Research Assist I - II)	Semester	\$12-15/hour*	1-20 hours	No	Yes	No
	M.S. Candidate (Research Assist III-IV)	Semester	\$15-20/hour	1-20 hours	No	Yes	No
	Ph.D. Candidate (Research Assist V)	Semester	\$20-30/hour	1-20 hours	No	Yes	No
	<b>Visiting Scholar (Terminal Degree)</b>	Temporary	\$25-33/hour	1-40 hours**	No	Yes	Yes
Paid	<b>Visiting Faculty</b>	1-Year Limit*** renewable	\$48+/hour****	1-40 hours	No	Yes	Yes
Unpaid	<b>Visiting Student:</b>						
	B.S. Candidate (Research Assist I - II)	Semester	0	1-20 hours	No	No	No
	M.S. Candidate (Research Assist III-IV)	Semester	0	1-20 hours	No	No	No
	Ph.D. Candidate (Research Assist V)	Semester	0	1-20 hours	No	No	No
	<b>Visiting Scholar (Terminal Degree)</b>	Temporary	0	1-40 hours	No	No	No
Unpaid	<b>Visiting Faculty</b>	1-Year Limit***	0	1-40 hours	No	No	No

\* Visiting Student hourly rates are within the NU Student Employment Office pay range

\*\* If 40 hours for 8+ months, this would be considered a FTE research position and not a visiting appointment.

\*\*\* Exceptions to the 1-year limit requires advanced approval from Provost Office (annual renewals).

\*\*\*\* Comparable to Research Assistant Professor salary range