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

For NEW applications: Please fill out all sections <u>except</u> for the extension request section (on page 1). **For EXTENSION applications:** Please fill out all sections including the extension request section.

TO BE FI	LLED OUT BY FACULTY SPONSO	DR	
Visitor's Legal Name: (as it appears on	passport)		
Last, First Middle			
Visitor's Country of Citizenship: (if more	e than one, please also note pa	ssport country)	
Faculty Sponsor:			
Last, First	Home Department	Home College/Scho	ool (abbr)
Desired Arrival Date (MM/DD/YY):			
Desired Departure Date (MM/DD/YY):			
NOTE: APPLICATION SHOULD BE SUBM	ITTED 3-6 MONTHS BEFORE PI	ROPOSED VISIT START	Γ DATE.
	EXTENSION REQUEST		
What type of visitor is requesting the	extension: Student	☐ Scholar	☐ Faculty
If this visitor is applying for an extension	on 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 exte	nsion:		
4) Start and end dates of current/previous appointment(s):			
Required: Attach all previous appointmen	t letters.		

Type of Visitor				
Start and End Dates for Visiting Appointments: All visiting appointments must start on either the 1 st or 15 th of each month. Visiting Students must be enrolled at Northeastern University during the				
academic term and remain enrolled for a minimum				
Visiting Faculty: Visitor with faculty position at ano	ther instituti	on coming to	NU to teach o	r conduct
research. If a posted paid visiting faculty appointme	ent, STOP and	d follow the u	niversity's sta	ndard
hiring procedure.				
☐ PAID Visiting Faculty		UNPAID Visi	ting Faculty	
Visiting Scholar: Up to 1 year; may be eligible for up	p to 1 year re	newal; with a	doctoral deg	ree or
equivalent from an academic or non-academic insti	tution/agend	cy/company c	oming to NU t	to conduct
research or teach. If a posted paid research appoint	tment, STOP	and follow the	e university's	standard
hiring procedure.				
☐ PAID Visiting Scholar		UNPAID Visi	ting Scholar	
Note: If visiting scholar is to be paid by the faculty s	sponsor, plea	se use the Vis	siting Appoint	ment Pay
Scheme to determine hourly pay (available <u>here</u>).				·
Visiting Student: Up to 1 year; visitor enrolled at ar	other institu	tion coming t	o NU to furth	er their
educational objectives.				
Note: Visiting Students must be enrolled at Norther	astern Unive	rsity during th	e first acaden	nic term of
their visit and remain enrolled for a minimum of 3 ν	weeks and m	aximum of 1 o	calendar year.	
☐ PAID Visiting Student		UNPAID Visit	ting Student	
Note: If visiting student is to be paid by the faculty	sponsor, plea	ase use the Vi	siting Appoint	ment Pav
Scheme to determine hourly pay (available here).			8	,
,, , , , <u> </u>				
Visitor Po	alcanarinad			
Visitor Ba	ckground			
Highest educational level obtained or working towa		☐ BS/BA	☐ MS/MA	☐ PhD
Has the visitor been affiliated with Northeastern previously? \square Yes \square No				
If yes, explain:				
Please attach visitor's CV (required)				
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:				
in visitor riolas a rino or other acctorate degree, name or institution or rino comertai.				
Visitor's Data of Birth (MANA/DD/VV)		Condor	□ Mala	□ Famala
Visitor's Date of Birth (MM/DD/YY):		Gender:	☐ Male	☐ Female
Visitor's Residential Address:	Visitor's Ma	iling Address	(if different):	
Visitor's E-mail Address:				

Details of Visit			
Detailed description of research, including any cor	nnections with faculty sponsor's current research:		
Davis familia della anna della			
Basis for visit – colleague recommendation, resear	rch partnership, request initiated by visitor, etc.:		
Physical located assigned to visitor (building name	e, room and type [e.g.: cubicle, shared office, other		
work station]):	, , , , , , , , , , , , , , , , , , , ,		
Some training may be required for visitors, including physical labs. Please indicate any and all anticipate			
☐ CITI (research ethics)	☐ Biosafety		
☐ Human Subjects	☐ Chemical Safety		
☐ Data Security	☐ Other (describe):		
Anticipated hours/week visitor will dedicate to eff for Visiting Students):	orts described above (not to exceed 20 hours/week		
Required funding information. Confirm by checking	g 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 res/faculty). Confirmation required for all visitors.		
living at the location of activity (students or our page for schola If the visitor is a student, you n	for minimum requirements, visit our page for		

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 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 Date: Signature:

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Printed Name: _____

THIS PO	ORTION TO	BE FILLED OUT	T BY COLLEGE H	IRM KEY CONTA	ACT, ALL APP	PLICABLE FIELDS REQUIRED
English Language Verification for students and scholars: Please attach documentation (required)						
	ELTS S	core:	ninimum score	(minimum sco (minimum sco is 70)		
Note: If \	visiting stu	dent or schola	r does not mee	t minimum TO	EFL or IELTS	S, Accuplacer Assessment is
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 L	anguage V	erification for	faculty:			
	Confirmatio	on by faculty sp	oonsor, indicati	ing verification	of visitor's	English proficiency
Note: English Language Verification not required for visiting appointment extensions.						
Note: Re	estricted Pa	arty Screening	(RPS) will be co	mpleted by the	e Compliand	ce Department.
HRM Ke	Prin	: Signature: nted Name: Submitted:				Date:

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:
 - o 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 <u>all information</u> 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 <u>student</u>, 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.