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 FILLED OUT BY FACULTY SPONSOR					
Visitor's Legal Name: (as it appears on	passport)				
Last, First Middle					
Visitor's Country of Citizenship: (if mo	re than one, please also not	te passport country)			
Faculty Sponsor:					
Last, First	Home Department	Home College/So	chool (abbr)		
Desired Arrival Date (MM/DD/YY):					
Desired Departure Date (MM/DD/YY):					
NOTE: APPLICATION SHOULD BE SUBN	MITTED 3-6 MONTHS BEFO	RE PROPOSED VISIT STA	ART DATE.		
	EXTENSION REQUEST				
What type of visitor is requesting the	extension: 🗆 Student	☐ Scholar	☐ Faculty		
If this visitor is applying for an extens	ion request, please describ	e in detail:			
1) Rationale for the requested					
extension					
2) What the visitor will do during					
extension?					
3) Start and end dates of requested external					
4) Start and end dates of current/previo	us appointment(s):				
Required: Attach all previous appointmen	nt letters.				

Type of Visitor				
Start and End Dates for Visiting Appointments: All or 15 th of each month. Visiting Students must be en				
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 acgree, name or institution or rino comertal.				
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	on of research, including any conn	nect	cions with faculty sponsor's current research:
Dacia for visit and	Noogue recommendation, recogni	.h. n.	artnership, request initiated by visitor, etc.
			artnership, request initiated by visitor, etc.:
Physical located as work station]):	ssigned to visitor (building name, i	roo	m and type [e.g.: cubicle, shared office, other
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:			
☐ CITI (resea	☐ CITI (research ethics) ☐ Biosafety		
☐ Human Su	bjects		Chemical Safety
□ Data Secui	rity		Other (describe):
for Visiting Studen	nts):		described above (not to exceed 20 hours/week
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 https://international.northeastern.edu/ogs/getting-started/visiting-appointmentfinancial-requirements/). 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 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 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)					
	IELTS	score:		(minimum score is (minimum score is is 70)	
Note: If	visiting st	udent or schol	lar does not mee	t minimum TOEFL	or IELTS, Accuplacer Assessment is
necessary unless proficiency is confirmed by another university-approved method.					
English Language Verification for <u>faculty</u> :					
	☐ 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 k	Pr	ct Signature: _ inted Name: _ e 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)
 - o Passport
 - Statement of compliance with health insurance requirements
 - Biographical information, U.S. immigration history, funding information, and dependent information (if applicable)