The purpose of this form is to request a record creation for all non-NU-Visa-sponsored scholars (i.e. J-1 Scholars under “Second Site of Activity” regulations, J-2 with valid EAD, Researcher on OPT, CPT, AT, etc.). This form must be completed by the Department Contact person (SEVIS Contact) for the appointment at Northeastern.

Part 1: Personal Information (to be completed by Scholar/Researcher/Student on training)

Name: ________________________________  (Family Name)  (First Name)  (Middle Name)

Date of Birth: _______________________  Email: ________________________________

(NNUID# (if applicable): __________________________  Visa: □ J-1  □ F-1  □ Other

Visa Sponsoring Institution: ___________________________________________________

Emergency Contact Information: ________________________________________________

(Name)  (Relation)  (Phone/Email)

I understand that Northeastern University is my Host, as opposed to my immigration status sponsor and, therefore, any immigration processing, including status extensions, amendments, related questions or concerns, must be addressed to my sponsor. I will be in continual communication with my immigration sponsor during my stay at Northeastern. I understand that I am responsible for tracking my status and complying with pertinent immigration regulations.

Signature: ____________________________________________  Date: ____________

Part 2: Information regarding academic appointment (to be completed by SEVIS Contact)

Department Name: ____________________________________________________________

Appointment: Start Date: ____________________  End Date: _________________________

Checklist: Please attach all of the following documents (as applicable).

☐ Photocopy of DS-2019  ☐ Photocopy of valid passport (photo page)
☐ Photocopy of EAD  ☐ Photocopy of I-20 with CPT authorization
☐ Form 513 (Faculty Host Agreement)  ☐ J-1 Academic Training authorization letter

“This certifies that the scholar/researcher has been fully appointed to participate in the program above for the date s specified.”

Printed Name of SEVIS Contact: ________________________________  Phone: _________________________

Signature of SEVIS Contact: ________________________________  Date: _________________________