J-1 Exchange Visitor: End of Program Notification

This form should be completed by the J-1 Exchange Visitor, their host at Northeastern University, and the SEVIS Contact for the college.

This notification of intent to end program participation is required before the end date on Form DS-2019. Please submit this form to the OGS after the requested signatures have been obtained.

Part I: Scholar Information (to be completed by the scholar)

Scholar Name: __________________________________________________________________________________________

SEVIS ID: _____________________________________

NU Department and College: _______________________________________________________________________________

End Date on Form DS-2019: _________ /_________ / _____________

Actual Program Completion/Employment End Date at Northeastern University*: _________ /_________ / _____________

*Actual Program Completion/Employment End Date is determined by an official agreement with your Department Head or Northeastern Faculty or Research Host to end your work assignment. It may not be later than the end date on your current appointment letter and your DS-2019 form. If it is sooner than the agreed end date, please indicate reason in the next section. If you are salaried, you should no longer be on University payroll past the end date of your contract.

Reason for Program Completion (check all that apply):

☐ I completed my assignment early.

☐ I am transferring to another U.S. university’s J-1 Exchange Visitor program as of (indicate start date of new employment) _________ /_________ / _____________ and I understand I have to be released from Northeastern J-1 Exchange Visitors’ Program.

☐ I was approved for a change of status from J-1 to __H-1B1 __TN __O-1 __Other: _______ on _____/_____/ __________. The start date of the new status is _____/_____/ __________ and the end date is: _____/_____/ __________ which will allow me to continue to work at Northeastern University’s Department of __________________________ or to start work at______________________________ in (State) __________________________.

☐ I am making an early departure to my home country and terminating my stay in the U.S. due to personal reasons:

☐ Inadequate financial support
☐ Personal health reasons
☐ Medical emergency in the family
☐ Personal/cultural reasons

☐ Other: _________________________________________________________________________________________

Signature of Scholar: __________________________________________________________ Date: ________________

Email: ________________________________________________ Telephone: ________________________________

Office of Global Services, 405 Ell Hall, 360 Huntington Ave, Boston, MA 02115
northeastern.edu/ogs | ogs@northeastern.edu | (p) 617.373.2310 | (f) 617.373.8788
J-1 Exchange Visitor: End of Program Notification

Part II: To be completed by the J-1 Exchange Visitor’s Northeastern University Host

Please check all that apply:

☐ The Exchange Visitor has successfully met the program objectives.**

☐ The scholar has not met the program objectives.**

**Program objectives specified above refer to the work that the scholar and the NU host had agreed upon before the scholar’s arrival.

Actual Program Completion/Employment End Date at Northeastern University*: _______ / _______ / _______

*This date should be the same as the “Actual Program Completion/Employment End Date” indicated in Part I. It may not be later than the end date on current appointment letter and Form DS-2019.

The scholar received payment from Northeastern University: ☐ Yes ☐ No

Signatures (both the Faculty Host/Supervisor and SEVIS Contact must sign below)

Name of Faculty Host or Supervisor: _______________________________________________________________________

Email: ___________________________________________ Telephone: ___________________________________________

Signature of Faculty Host or Supervisor: _______________________________ Date: __________________

Name of SEVIS Contact: ____________________________________________________________________________

Signature of SEVIS Contact: _______________________________ Date: __________