Visiting Faculty Agreements

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM.

I certify that I understand and accept the following conditions and agree to abide by them. As a condition to my acceptance, I agree to the following:

- All applications must be received no less than 60 days prior to the start of the attending semester.
- I understand that my application and supporting documents become the property of Bemidji State University regardless of the admission decision. As such, once the documents are received by the University, Bemidji State University will not return any documents (the application and/or any supporting documents) to you, the applicant/scholar.
- I understand that I am required to pay ALL the fees required by the program (which includes mandatory purchase of BSU health insurance). These fees must be paid in full upon arrival. If I do not pay by the deadline date, I understand I will be dropped from the program, and I will have violated my immigration status.
- I agree to purchase the Minnesota State Colleges and Universities System Health Insurance Plan for myself and my J-2 dependent if any as a condition of admission and continued enrollment by the published due dates each year.
- I will have available sufficient funds for program fees, health insurance and living expenses for the length of my program at Bemidji State University. I recognize that the cost of living is high, and that as a general rule, international scholars/professors are not permitted to work.
- I acknowledge that I am NOT permitted to pursue a degree or take courses for academic credit while on the Bemidji State University Campus. If I wish to take classes, or engage in non-credit academic study, it must be done incidentally and on my personal time.
- I understand that I will be interviewed, either through a video conferencing application or by a designated representative, to verify that I possess the minimum requisite English language ability.
- I am responsible for understanding the rules and regulations for being on a visiting scholar’s visa in the United States.
- I authorize Bemidji State University to release to any U.S. Government Officer information required to determine my compliance with U.S. Homeland Security/Immigration Laws. Furthermore, I understand that the University will report all information required by U.S. Homeland Security/Immigration.
- I agree to attend all the dates of the required new scholars Orientation sessions. I will arrive on or before the reporting date as stated on the Admitted letter and or DS-2019 form.
• No overnight guests are allowed to stay in scholar’s university residence. I will be responsible for bearing all additional costs for any short-term visitors I bring. These short-term visitors will need to apply for tourist visas. J-2 visas maybe considered for small dependent children. Dependents are subject to health insurance, housing and other fees. Passport information of the dependent will need to be submitted with application.

• I must select a program length longer than 6 months and 15 days.

• I understand that I must perform class observation, guest lecturing, or teaching while at Bemidji State University to meet the expectations of both Bemidji State University and the visiting faculty’s home universities. Research may be conducted where authorized by BSU and will be secondary part of the exchange program. I will provide the International Program Center with all contact information (address, phone number, and e-mail contact information) within one week of my arrival in the U.S.A.

• I agree to attend all NorthStar Visiting Scholars Academy Program activities, including distinguished speaker series, campus cultural events, field trips, public presentations, and community engagement or risk termination of their program. Absences from campus for any reason during the regular term require prior written approval from my mentor and BSU’s NorthStar Visiting Scholars Program Coordinator.

• I agree to present a final report and/or presentation for the program before returning my home country or university.

• I declare that I have not been physically present in the United States as a J-1 nonimmigrant status for all or part of the twelve-month period immediately preceding the date of program commencement, unless:
  (i) I am transferring to the sponsor's program pursuant to provisions
  (ii) My presence in the United States was of less than six months duration; or
  (iii) My presence in the United States was pursuant to a short-term scholar exchange activity as authorized by § 62.21; and

• I declare that all the information I have submitted for my application for admission is true, correct, and complete.

• I understand and will comply with the requirements as stated on this agreement. I understand that falsification of any information will jeopardize the issuance of a DS-2019 and/or may result in Bemidji State University revoking its decision to accept me as a visiting scholar.

If I am a transfer scholar from another school in the USA, I must provide a written release from current sponsor, current copy of my DS-2019 form to with my application.

Printed Name of Applicant: __________________________ ________________
(Last or Family Name) (First or Given Name)      (Middle Name)

Signature of Applicants (Required)                     Date