

**GENERAL MEMORANDUM OF  
UNDERSTANDING  
BETWEEN  
LIVINGSTONE COLLEGE, SALISBURY, NORTH CAROLINA, USA  
AND  
INVERTIS UNIVERSITY, BAREILLY, U. P., INDIA**

**ACADEMIC AND CULTURAL EXCHANGE PROGRAM**

The Invertis University and Livingstone College, Salisbury, North Carolina seek to establish a mutually beneficial relationship between the two Institutions by developing academic and cultural interchange in teaching, research, and other activities.

Within the framework of the regulations applying in each Institution, and subject to the availability of resources, the following programs and activities will be encouraged.

- Exchange of faculty
- Exchange of students
- Joint conferences and other academic meetings
- Joint research activities
- Exchange of academic materials and information

The agreement between Invertis University and Livingstone College may be in any appropriate field of study available at either institution, subject to the prior approval of the host institution.

**EXCHANGE OF FACULTY MEMBERS**

**1. Teaching Exchange**

- Each institution may nominate one of its professors (means a faculty member) to participate in an exchange for the purpose of teaching and research in the other institution.
- The period of exchange will be agreed upon in writing by both parties. Initially, it will be for a period of two or four weeks or for a full semester. This period may be changed by the mutual consent of both parties.
- Travel expenses for professors on teaching exchange are not compensated by the host institution, unless specific arrangements are made and agreed to in writing in advance.
- In general, professors on teaching exchanges will remain on full salary benefits with their respective institutions.

- Teaching course loads, working hours and conditions will normally be in accordance with established rules and practices of the host institution, subject to prior negotiation and agreement.
- Remuneration for special projects is subject to special negotiation.
- The host institution will give access to office space, libraries and other needed facilities for professors on teaching exchanges.
- Professors on teaching exchanges must carry health insurance that meets the requirements of the host institution.

## **2. Visiting Scholars**

- Visiting scholars may have the approval of the host institution to visit during a short period for the purpose of research, consulting and short-term teaching, and subject to prior negotiations.
- Travel expenses for visiting scholars are not normally paid by the host institution, unless specific arrangements are made and agreed in writing in advance.
- The host institution will provide an institutional appointment and library access.
- Visiting scholars must carry medical health insurance that meets the requirements of the host institution.

## **EXCHANGE OF STUDENTS**

- All student exchanges must operate within the existing guidelines and regulations of the host institution.
- The number of students exchanged under this Agreement will be agreed on in writing in advance. Initially it will be a maximum of 10 students per year. This exchange would be balanced over period of 5 years.
- Exchange students must be selected by a special commission at their home institution, and accepted by the other institution.
- Language proficiency of exchange student will be evaluated and verified for the host institution in advance by appropriate personnel of the sending institution.
- Exchange students will be admitted by the host institution for a period of one or two semesters.

- Exchange students may take courses for credit, and the host institution will issue a transcript and grades for exchange students under the same rules and regulations as for its students.
- During the exchange program, students must continue paying their tuition as their home institution.
- Exchange students must carry medical health insurance that meets the requirements of the host institution.
- Exchange students are expected to adhere to the rules and regulations of the host institution and respect the cultural mores, national traditions, and customs of the host country.
- Each student participating in the exchange program will be responsible for the following costs:
  - Travel costs to and from each institution.
  - Medical health insurance and health service fee.
  - Passport and visa costs
  - Course material required by the particular program.
  - Any other debts the student may incur during the period spent at the host institution.
  - Accommodation cost (traveling and lodging) would be borne by the Host University but the visiting exchange student has to pay the fees at the home institution.
  - Boarding and lodging will be provided free by the host institution for the exchange students.
  - Exchange Students must compile a project about the benefits of the exchange program.

#### **CINDITIONS OF THE AGREEMENT**

The Agreement will be valid for a term of five years from the date of the most recent signature below.

The absence of exchanges during any one academic year is possible and does not nullify this Agreement.

Either institution may terminate this Agreement with a written notice of six months. This period is necessary to ensure that exchanges planned or in progress are completed satisfactorily.

Modifications may be proposed at any time, and they will be effective from the date of written notification signed by both institutions.

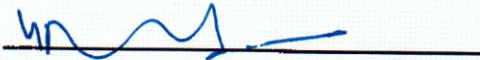
Concluded and signed on this 01/13 day of January 2020.

Dr. Jimmy R. Jenkins, Sr.  
The President  
Livingstone College  
701 West Monroe Street  
Salisbury, North Carolina 28144 U.S.A.

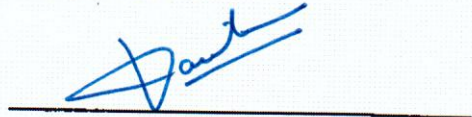


Concluded and signed on this 01/27 day of January 2020.

Dr. YDS Arya  
Vice Chancellor,  
Invertis University,  
Bareilly, U. P., India



Dr. Umesh Gautam  
Chancellor,  
Invertis University  
Bareilly, U. P., India





Dr. Avadhesh Sharma &lt;avadhesh.s@invertis.org&gt;

---

**Fwd: J-1 Students**

1 message

---

**Rubina Verma** <rubina.v@invertis.org>  
To: "Dr. Avadhesh Sharma" <avadhesh.s@invertis.org>

Thu, May 28, 2020 at 10:56 AM

Email Correspondance

----- Forwarded message -----

From: **Baldwin, Tony** <TBaldwin@livingstone.edu>

Date: Sat, May 11, 2019 at 2:30 AM

Subject: RE: J-1 Students

To: [rubina.v@invertis.org](mailto:rubina.v@invertis.org) <[rubina.v@invertis.org](mailto:rubina.v@invertis.org)>Cc: Sharma, R.D. <[RSHARMA@livingstone.edu](mailto:RSHARMA@livingstone.edu)>, Alexander, Dr. State <[SALEXAN@livingstone.edu](mailto:SALEXAN@livingstone.edu)>, Stevens, Deon <[DStevens@livingstone.edu](mailto:DStevens@livingstone.edu)>, Cooper, Ruth <[RCooper@livingstone.edu](mailto:RCooper@livingstone.edu)>

Dear Dr. Verma,

This is another follow up to our conversation last night where we spoke about preparing three students to come to our J-1 Program this fall. Once again I indicated due to the program growth and the number of students we are taking on this year, I can only bring in three (3) of your students for this fall. I will look to bring in additional students from Invertis for our Spring 2020 semester. I also mentioned to you that I would like to have two (2) females and one (1) male.

Respectfully,

***Dr. Tony A. Baldwin***

Associate Vice-President for the Operations of Student Affairs/

Enrollment Manager/ PDSO Officer for International Students

Livingstone College

704 W. Monroe Street

Salisbury, NC 28144

1-800-835-3435 / Option #1

Desk: 704-216-6001

Mobile: 704-640-7465

Fax: 704-216-6215

Email: [tbaldwin@livingstone.edu](mailto:tbaldwin@livingstone.edu)

***“ We Are What We Repeatedly Do.  
Excellence, Then, Is Not An Act, But A Habit”  
-Aristotle***

---

**From:** Baldwin, Tony

**Sent:** Friday, May 10, 2019 4:52 PM

**To:** 'rubina.v@invertis.org'

**Cc:** Washington, Shelia; Sharma, R.D.; Jenkins, Dr. Jimmy R.; Alexander, Dr. State; Stevens, Deon; Cooper, Ruth

**Subject:** RE: Acceptance for PhD thesis evaluation

Dear Dr. Verma,

This is a follow up to our communication from last evening and a final decision from the President regarding scholarships for F-1 Students. The President and I spoke about the scholarship that the college would be awarding to the International Students from India. We have come to an agreement that students from that area would receive a Holistic Scholarship in the amount of \$7,000 per student which is equivalent to a 30% cut in their tuition per academic year.

We look forward to having at least 10-20 students a part of our fall 2019 enrollment. Therefore, I would ask that you take the necessary actions to move this project along so that student who applied and met your standards would then be able to furnish to us a(n):

1. Official copy of their High School transcript
2. Official copy of their College transcript
3. Complete an online application at [www.livingstone.edu](http://www.livingstone.edu)
4. Official copy of a bank statement that would verify them being able to pay the remaining balance of \$18,492
5. World/Universal Insurance
6. Enrollment and room deposits totaling \$350
7. Passport with a photo

Please note the selected students would need to submit their applications and the aforementioned documents ASAP. This is due to the **required 30 day deadline to go to their Embassies and to be able to arrive to campus at least by August 10<sup>th</sup>** which starts the final registration for our fall academic school year.

Respectfully,

***Dr. Tony A. Baldwin***

Associate Vice-President for the Operations of Student Affairs/  
Enrollment Manager/ PDSO Officer for International Students  
Livingstone College  
704 W. Monroe Street  
Salisbury, NC 28144

1-800-835-3435 / Option #1  
Desk: 704-216-6001  
Mobile: 704-640-7465  
Fax: 704-216-6215  
Email: [tbaldwin@livingstone.edu](mailto:tbaldwin@livingstone.edu)

***“ We Are What We Repeatedly Do.  
Excellence, Then, Is Not An Act, But A Habit”  
-Aristotle***

---

**From:** Sharma, R.D.  
**Sent:** Friday, May 10, 2019 1:09 PM  
**To:** Baldwin, Tony  
**Cc:** Washington, Shelia  
**Subject:** FW: Acceptance for PhD thesis evaluation

Dear Dr. Baldwin,

Pleas see the email address of Dr. Verma in her email below.

Sincerely,

Dr. Sharma

---

**From:** Sharma, R.D.  
**Sent:** Monday, April 01, 2019 11:53 AM  
**To:** 'Rubina Verma' <[rubina.v@invertis.org](mailto:rubina.v@invertis.org)>  
**Cc:** Washington, Shelia <[SWashington@livingstone.edu](mailto:SWashington@livingstone.edu)>  
**Subject:** RE: Acceptance for PhD thesis evaluation

Dear Dr. Verma,

Thank you for the e-mail. As you said, I have checked my e-mail, but I did not see the Synopsis. Please arrange to resend the synopsis and I will review immediately.

Sincerely,

Dr. Sharma

**From:** Rubina Verma [<mailto:rubina.v@invertis.org>]

**Sent:** Monday, April 01, 2019 5:27 AM

**To:** Sharma, R.D. <[RSHARMA@Livingstone.edu](mailto:RSHARMA@Livingstone.edu)>; Washington, Shelia <[SWashington@livingstone.edu](mailto:SWashington@livingstone.edu)>

**Cc:** Ravi Deval <[ravi.d@invertis.org](mailto:ravi.d@invertis.org)>

**Subject:** Acceptance for PhD thesis evaluation

Respected Sir,

Hope you are doing well. For your kind acknowledgement, Dr. Arvind Shukla had discussed PhD thesis evaluation with you during your visit to our Invertis University.

I shall be very thankful to you if you kindly check the email containing the Synopsis, sent by our deputy P.hD coordinator **Dr. Ravi Deval** ([ravi.d@invertis.org](mailto:ravi.d@invertis.org))

Our deputy co-ordinator is eagerly waiting for your acceptance.

Looking forward to hearing from you.

--

**Thanks and Regards,**

**Dr. Rubina Verma**

Head Of Department

Professional Communication

Invertis University,

Bareilly

Livingstone College Legal Notice: This email and any files transmitted with it are confidential and intended solely for the use of the individual(s) or entity to whom they are addressed. If you are not the named addressee, please delete

as you should not disseminate, distribute or copy this e-mail. If you have received this email in error please notify the system administrator at Livingstone College. Thanks for your cooperation!

--

**Thanks and Regards,**

**Dr. Rubina Verma**  
Head Of Department  
Professional Communication  
Invertis University,  
Bareilly



Dr. Avadhesh Sharma <avadhesh.s@invertis.org>

---

## Fwd: Missing Document

1 message

---

**Rubina Verma** <rubina.v@invertis.org>

Thu, May 28, 2020 at 10:58 AM

To: "Dr. Avadhesh Sharma" <avadhesh.s@invertis.org>

----- Forwarded message -----

From: **Baldwin, Tony** <TBaldwin@livingstone.edu>

Date: Mon, 29 Jul, 2019, 9:07 PM

Subject: RE: Missing Document

To: Rubina Verma <rubina.v@invertis.org>, Sharma, R.D. <RSHARMA@livingstone.edu>

Dr. Verma,

Please find attached the Student Health Forms to be given to the doctor. Make sure this document is signed and dated by the physician and also please re-send to me the student's information when they are due to arrive here, the itinerary.

If you have further questions or comments, please do not hesitate to contact me.

Thank you.

Respectfully,

***Dr. Tony A. Baldwin***

Associate Vice-President for the Operations of Student Affairs/

Enrollment Manager/ PDSO Officer for International Students

Livingstone College

704 W. Monroe Street

Salisbury, NC 28144

1-800-835-3435 / Option #1

Desk: 704-216-6001

Mobile: 704-640-7465

Fax: 704-216-6215

Email: [tbaldwin@livingstone.edu](mailto:tbaldwin@livingstone.edu)

***“ We Are What We Repeatedly Do.***

***Excellence, Then, Is Not An Act, But A Habit”***

***-Aristotle***

**From:** Rubina Verma [mailto:[rubina.v@invertis.org](mailto:rubina.v@invertis.org)]

**Sent:** Monday, July 29, 2019 1:21 AM

**To:** Baldwin, Tony; Sharma, R.D.

**Subject:** Missing Document

Dear Sir,

This is request you to email the Medical form as it was missing in envelope sent by you. Students will take their flight in the first week of August before that they have to complete all the documentation.

Looking forward to your kind cooperation.

--

**Thanks and Regards,**

**Dr. Rubina Verma**

Head Of Department

Professional Communication

Invertis University,

Bareilly

Livingstone College Legal Notice: This email and any files transmitted with it are confidential and intended solely for the use of the individual(s) or entity to whom they are addressed. If you are not the named addressee, please delete as you should not disseminate, distribute or copy this e-mail. If you have received this email in error please notify the system administrator at Livingstone College. Thanks for your cooperation!



**STUDENT HEALTH FORMS.pdf**

245K



Dr. Avadhesh Sharma <avadhesh.s@invertis.org>

---

## Fwd: Re-Scanned MOU

1 message

---

**Rubina Verma** <rubina.v@invertis.org>  
To: "Dr. Avadhesh Sharma" <avadhesh.s@invertis.org>

Thu, May 28, 2020 at 10:54 AM

Our Agreements

----- Forwarded message -----

From: **Rubina Verma** <rubina.v@invertis.org>  
Date: Sat, Feb 15, 2020 at 7:19 AM  
Subject: Fwd: Re-Scanned MOU  
To: [ajaysharma7843@gmail.com](mailto:ajaysharma7843@gmail.com) <[ajaysharma7843@gmail.com](mailto:ajaysharma7843@gmail.com)>

----- Forwarded message -----

From: **Rubina Verma** <rubina.v@invertis.org>  
Date: Wed, 29 Jan 2020 at 12:26 PM  
Subject: Re-Scanned MOU  
To: Kelli <[KRRandall@livingstone.edu](mailto:KRRandall@livingstone.edu)>, Valerie <[VHatcher@livingstone.edu](mailto:VHatcher@livingstone.edu)>, R.D. <[RSHARMA@livingstone.edu](mailto:RSHARMA@livingstone.edu)>, Shelia <[SWashington@livingstone.edu](mailto:SWashington@livingstone.edu)>

Dear Sir/Madam,

Please ignore the previous mail. The MOU's are re-scanned and attached herewith for your kind reference.

--

**Thanks and Regards,**

**Dr. Rubina Verma**  
Head Of Department  
Professional Communication  
Invertis University,  
Bareilly

--

**Thanks and Regards,**

**Dr. Rubina Verma**  
Head Of Department  
Professional Communication  
Invertis University,  
Bareilly

--

**Thanks and Regards,**

**Dr. Rubina Verma**  
Head Of Department  
Professional Communication  
Invertis University,  
Bareilly

**2 attachments**



**Academic and Cultural Exchange.pdf**  
9236K



**Transferred Undergraduates.pdf**  
8888K



Dr. Avadhesh Sharma &lt;avadhesh.s@invertis.org&gt;

---

**Fwd: Selection Criteria for Exchange Program**

1 message

---

**Rubina Verma** <rubina.v@invertis.org>

Thu, May 28, 2020 at 11:38 AM

To: "Dr. Avadhesh Sharma" &lt;avadhesh.s@invertis.org&gt;

----- Forwarded message -----

From: **Rubina Verma** <rubina.v@invertis.org>

Date: Tue, 13 Aug 2019 at 8:19 PM

Subject: Selection Criteria for Exchange Program

To: Sharma, R.D. &lt;rsharma@livingstone.edu&gt;, Kelli Randall &lt;krandall@livingstone.edu&gt;

Dear Dr.Randall,

Greetings of the day!

Hope you are doing well.Many Congratulations for your new post.Through this email I would like the outline the selection Criteria for students who participate in the our exchange program.

Our University conducts one entrance written exam in every semester .

Top 30 students are selected for Interview.

After Interview result we send 5-6 student rank wise to Livingstone college .

Students have to appear for Visa Interview at embassy after being selected from Invertis University.

Please let me know if any further information is required.

Regards

Dr.Rubina Verma

--

**Thanks and Regards,****Dr. Rubina Verma**

Head Of Department

Professional Communication

Invertis University,

Bareilly



Livingstone College  
Student Health Center

701 W. MONROE ST.  
SALISBURY, NC 28144

Phone: 704-216-6111 Fax: 704-216-6770  
or x6725

Dear Perspective Student:

On behalf of the Health Services team we would like to welcome you to Livingstone College. This letter is an aid to help you get your health records completed and turned in **30 days prior to enrollment**. In the health packet there will be:

- **Demographics Page** contains the medical history for the student. All blanks should be filled in- including insurance status, along with a copy of the insurance card and drug allergy information. The student should fill in this portion; or a parent or guardian may do so if the student is under the age of 18.
- **Physical Examination Page** is the physical portion and is filled in by the physician. Your physical must have been completed within a 12 month period from enrollment. The physician may or may not perform a urinalysis or perform labs. It is dependent upon the health of the student.
- **Laboratory/Immunization Page.** Immunization records must be signed by a Physician or Nurse Practitioner including the address and phone number of the provider. For North Carolina students a high school transcript is not an acceptable record of immunization. Immunization records must be received on or before the student first registers for classes.
- **Meningococcal Vaccine Declination Page.** Complete the form, sign and check "A" if you do not wish to receive the vaccine.
- **Tuberculosis (TB) Screening Page.** TB screening tool must be completed by all students. An answer of *yes* to any question requires a TB skin test with results.

### North Carolina State Law Immunization Requirements

Immunization requirements apply to all students **except** those residing off campus and registering for any combination of off campus courses, evening courses (those which start after 5pm), weekend courses and taking no more than 4 credit hours in on campus courses. If at any time any of the above changes, the student needs to submit a certificate of immunization on or before the first date of registration.

- **Tetanus- DTP, DT, TD/TDap-** series of (3) doses. Under administrative rule **10A NCAC 41A.0401** those students entering a college or university for the first time after July 1, 2008 are required to have a booster dose of TDap (tetanus/diphtheria/acellular pertussis ) within the past 10 years.
- **Polio-**a series of (3) doses. Not required if over the age of 18.
- **MMR** (measles, mumps and rubella) 2 doses.
- **Hepatitis B-**a series of 3 doses required for those students born 1994 and after.
- **Varicella Vaccine** – First dose required.

### Recommended Immunizations

- Meningococcal-if student doesn't want to take vaccine, please sign the vaccine declination sheet.
- HPV
- Hepatitis A
- Varicella –Second dose
- Flu

If a student must begin a series of injections in order to be in compliance; such will be completed before the student can legally remain in college. Those students that do not turn in immunization records prior to enrollment will be given 30 calendar days from the first day of registration in order

to become compliant. If the immunization requires a series of doses and the period necessary to give the vaccine at standard intervals extends beyond the date of the first registration, the student shall be allowed to attend the college. **If after that time, they will be withdrawn from classes, will not be able to participate in sports and cannot live in the Residence Halls.**

The student health forms are located on the website of Livingstone College. Visit <http://www.livingstone.edu> and click on "Students", scroll down to Student Web Portal, click Health Service, scroll to Student Insurance Forms and click to download. You will see all the student health forms to complete. You may choose to bring your forms with you during registration or return your forms in advance any of the following methods:

**Mail:** Student Health Center, 701 W. Monroe St., Salisbury NC. 28144

**Fax:** 704-216-6770

**Email:** Sheila Wasson RN, Director Student Health Center [swasson@Livingstone.edu](mailto:swasson@Livingstone.edu)

Nicole Hutto, Administrative Asst. [nhutto@livingstone.edu](mailto:nhutto@livingstone.edu)



**Livingstone College**  
**Student Health Center**

701 W. MONROE ST.  
SALISBURY, NC 28144

Phone: 704-216-6111 Fax: 704-216-6770  
or x6725

**Demographics (TO BE COMPLETED BY THE STUDENT)**

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell/Home Phone: ( ) \_\_\_\_\_

Emergency Contact: (name, phone number) \_\_\_\_\_

Proposed Registration (please check) Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_ Previously enrolled? Y \_\_\_\_\_ N \_\_\_\_\_ Year \_\_\_\_\_

Are you covered with Medical Insurance? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, please provide a copy of the front and back of your insurance card.

Are you allergic to any medications? Y \_\_\_\_\_ N \_\_\_\_\_ If so, please list the name and type of reaction \_\_\_\_\_

Is there any disease or treatment that should be evaluated periodically? If so, please explain \_\_\_\_\_

**Personal Health History**

Do you have a history of any of the following? Y=yes N=no

Anorexia \_\_\_\_\_

Gastrointestinal Disorder \_\_\_\_\_

Arthritis \_\_\_\_\_

Heart Disease \_\_\_\_\_

Asthma/Hay Fever/Hives \_\_\_\_\_

Hepatitis \_\_\_\_\_

Diabetes \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Ear/Nose or Throat trouble \_\_\_\_\_

Kidney Disease \_\_\_\_\_

Eczema \_\_\_\_\_

Migraine Headache \_\_\_\_\_

Emotional Conditions \_\_\_\_\_

Mononucleosis \_\_\_\_\_

Epilepsy (Seizures) \_\_\_\_\_

Sickle Cell Trait \_\_\_\_\_

**Statement by student, Parent or Legal Guardian** (if student under the age of 18): I attest that the submitted health information above is true and complete to the best of my knowledge. I hereby give permission to any physician, Hospital or other medical agency as appropriate to advise and render medical treatment as necessary.

Signature of Student \_\_\_\_\_ or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_



**Livingstone College**  
**Student Health Center**

701 W. MONROE ST.  
SALISBURY, NC 28144

Phone: 704-216-6111 Fax: 704-216-6770

**PHYSICAL EXAMINATION**

(TO BE COMPLETED BY PHYSICIAN, PA, FNP, OR CERTIFIED CLINICIAN)

Name _____	Date of Birth _____			
BP _____	Pulse _____	HT _____	WT _____	BMI _____
Vision: Right-20/ _____ Left-20/ _____		Corrected to: Right 20/ _____ Left-20/ _____		

SYSTEM	NORMAL	ABNORMAL	COMMENTS
HEENT			
RESPIRATORY			
CARDIOVASCULAR			
METABOLIC/ENDOCRINE			
GASTROINTESTINAL			
HERNIA			
G/U			
MUSCULOSKELETAL			
NEUROPSYCHIATRY			
SKIN			

Any loss or serious impairment to any organ? \_\_\_\_\_

Is Student being treated for medical or emotional condition? \_\_\_\_\_

Is Student capable of unlimited athletic participation? \_\_\_\_\_

Remarks pertinent to history or physical findings \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_



**Livingstone College**  
**Student Health Center**

701 W. MONROE ST.  
SALISBURY, NC 28144

Phone: 704-216-6111 Fax: 704-216-6770

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**LABORATORY**

HEMOGLOBIN \_\_\_\_\_

URINALYSIS: GLUCOSE \_\_\_\_\_ ALBUMIN \_\_\_\_\_

**REQUIRED IMMUNIZATIONS**

DTP, DTap, TD (proof of 3 doses required) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

TD/Tdap (Tdap required for all freshmen, TD within the last 10 years) 1. \_\_\_\_\_

POLIO (a series of 3. If over the age of 18 not required) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

MMR-Measles, Mumps and Rubella (a series of 2. The first dose must have been given on or after the first birthday. Not required after the age of 50). Serological titers acceptable to verify immunity. 1. \_\_\_\_\_ 2. \_\_\_\_\_

HEPATITIS B (a series of 3. If born after 1994) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

NEGATIVE TB SCREENING OR TB SKIN TEST (required within the past year.) Tuberculin lot # \_\_\_\_\_ Exp. date \_\_\_\_\_ Given by: \_\_\_\_\_

Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Result: \_\_\_\_\_

VARICELLA 1. \_\_\_\_\_

\*\*\*\*If there is a history of a positive TB test in the past, please provide chest x-ray results. \*\*\*\*

**RECOMMENDED IMMUNIZATIONS**

MENINGOCOCCAL (A dose of 1. If the first dose was given at age 13 through 15 years, a one-time booster dose should be administered at 16-18 years)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Which dose administered? (Please check) Menactra \_\_\_\_\_ Menveo \_\_\_\_\_

HPV-GARADSIL (a series of 3 for females and males up to the age of 26) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

VARICELLA 2. \_\_\_\_\_

HEPATITIS A (series of 2) 1. \_\_\_\_\_ 2. \_\_\_\_\_

PHYSICIAN SIGNATURE OR CLINIC STAMP \_\_\_\_\_ DATE \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_



Livingstone College

Student Health Center

701 W. MONROE ST.  
SALISBURY, NC 28144

Phone: 704-216-6111 Fax: 704-216-6770

## MENINGOCOCCAL VACCINE WAIVER FORM

### MUST BE COMPLETED AND SUBMITTED IF STUDENT DOES NOT RECEIVE VACCINE

**MENINGOCOCCAL DISEASE (Meningitis)** Meningococcal disease is a bacterial infection caused by the *Neisseria meningitidis*. The bacteria colonize in the inner lining of nasal passages. From there they can make their way into the bloodstream. If the bacteria multiply very quickly in the bloodstream this can lead to a severe blood infection called meningococemia. The bacteria can also get carried to the brain and spine where they can attack the membranes covering the brain and spinal cord. These membranes are called meninges. This causes swelling. When this happens the disease is referred to as bacterial meningococcal meningitis. The disease is rare; however its initial flu-like symptoms make diagnosis difficult. Meningococcal bacteria are spread from person to person through close contact. The disease progresses rapidly and leads to death within 24-48 hours from the first sign of symptoms. Infants and adolescents are particularly vulnerable. Adolescents are at higher risk of contracting meningococcal disease because of several social and environmental factors such as: crowding, kissing, pubs/clubs, and residence halls. In the United States, the annual estimated incidence of meningococcal disease in adolescents and young adults (14-24 years old) was observed to be 0.75 cases per 100,000 individuals.

Vaccination is considered to be the most effective method of preventing meningococcal disease. A number of different vaccines are currently available for bacteria types A, C, W-135 and Y. Presently there is no vaccine available to protect against type B bacteria. In January 2011, the Advisory Committee on Immunization Practices (ACIP) recommended routine vaccination with a single dose vaccine for adolescents, optimally at age 11 or 12 years followed by revaccination at age 16 years, 5 years after the first dose received because there is a potential decline of immunity after 5 years.

Additional information can be obtained on the Centers for Disease Control and Prevention (CDC) website at:  
<http://www.cdc.gov/health/diseases.htm>.

**Student Name (please print)** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Student ID number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

If student is under the age of 18, parent or legal representative please sign:

Name: \_\_\_\_\_ relation to student \_\_\_\_\_

**I have read the information on meningococcal disease and:**

(Mark either A or B)



A. I **DO NOT** wish to receive the meningococcal vaccine.



B. I have already received the vaccine on this date: \_\_\_\_\_.

**Student Signature (over the age of 18)** \_\_\_\_\_



Print Legibly/Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

**Tuberculosis (TB) Screening Questionnaire** (to be completed by incoming students)

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? ☐ Yes ☐ No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below) ☐ Yes ☐ No

Afghanistan	Comoros	Iraq	Namibia	Somalia
Algeria	Congo	Kazakhstan	Nauru	South Africa
Angola	Côte d'Ivoire	Kenya	Nepal	South Sudan
Anguilla	Democratic People's Republic of Korea	Kiribati	New Caledonia	Sri Lanka
Argentina	Democratic Republic of the Congo	Kuwait	Nicaragua	Sudan
Armenia	Djibouti	Kyrgyzstan	Niger	Suriname
Azerbaijan	Dominican Republic	Lao People's Democratic Republic	Nigeria	Swaziland
Bangladesh	Ecuador	Latvia	Northern Mariana Islands	Syrian Arab Republic
Belarus	El Salvador	Lesotho	Pakistan	Tajikistan
Belize	Equatorial Guinea	Liberia	Palau	Tanzania (United Republic of)
Benin	Eritrea	Libya	Panama	Thailand
Bhutan	Ethiopia	Lithuania	Papua New Guinea	Timor-Leste
Bolivia (Plurinational State of)	Fiji	Madagascar	Paraguay	Togo
Bosnia and Herzegovina	Gabon	Malawi	Peru	Tunisia
Botswana	Gambia	Malaysia	Philippines	Turkmenistan
Brazil	Georgia	Maldives	Portugal	Tuvalu
Brunei Darussalam	Ghana	Mali	Qatar	Uganda
Bulgaria	Greenland	Marshall Islands	Republic of Korea	Ukraine
Burkina Faso	Guam	Mauritania	Republic of Moldova	Uruguay
Burundi	Guatemala	Mauritius	Romania	Uzbekistan
Cabo Verde	Guinea	Mexico	Russian Federation	Vanuatu
Cambodia	Guinea-Bissau	Micronesia (Federated States of)	Rwanda	Venezuela (Bolivarian Republic of)
Cameroon	Guyana	Mongolia	Sao Tome and Principe	Viet Nam
Central African Republic	Haiti	Montenegro	Senegal	Yemen
Chad	Honduras	Morocco	Serbia	Zambia
China	India	Mozambique	Sierra Leone	Zimbabwe
China, Hong Kong SAR	Indonesia	Myanmar	Singapore	
China, Macao SAR			Solomon Islands	
Colombia				

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en>.

Have you had frequent or prolonged visits\* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) ☐ Yes ☐ No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? ☐ Yes ☐ No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? ☐ Yes ☐ No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? ☐ Yes ☐ No

**If the answer is YES to any of the above questions, Livingstone College requires that you receive TB testing and results as soon as possible but at least prior to the start of the subsequent semester.**

**If the answer to all of the above questions is NO, no further testing or further action is required.**

\* The significance of the travel exposure should be discussed with a health care provider and evaluated.

**GENERAL MEMORANDUM OF  
UNDERSTANDING  
BETWEEN  
LIVINGSTONE COLLEGE, SALISBURY, NORTH CAROLINA, USA  
AND  
INVERTIS UNIVERSITY, BAREILLY, U. P.; INDIA**

**FOR TRANSFERRED STUDENTS – UNDERGRADUATE DEGREE PROGRAM**

The Invertis University and Livingstone College, Salisbury, North Carolina seek to establish a mutually beneficial relationship between the two Institutions by developing academic undergraduate degree program.

Within the framework of the regulations applying to each Institution, and subject to the availability of resources, the following programs and activities will be encouraged.

- Exchange of faculty and staff
- Exchange of academic materials and information
- Collaborative research

The agreement between Invertis University and Livingstone College may be in any appropriate field of study available at either institution, subject to the prior approval of the host institution.

**EXCHANGE OF FACULTY MEMBERS**

**1. Teaching Exchange**

- Each institution may nominate one of its professors (means a faculty member) to participate in an exchange for the purpose of teaching and research in the other institution.
- The period of exchange will be agreed upon in writing by both parties. Initially, it will be for a period of two or four weeks or for a full semester. This period may be changed by the mutual consent of both parties.
- Travel expenses for professors on teaching exchange are not compensated by the host institution, unless specific arrangements are made and agreed to in writing in advance.
- In general, professors on teaching exchanges will remain on full salary benefits with their respective institutions.

- Teaching course loads, working hours and conditions will normally be in accordance with established rules and practices of the host institution, subject to prior negotiation and agreement.
- Remuneration for special projects is subject to special negotiation.
- The host institution will give access to office space, libraries, living accommodations, food, and other needed facilities for professors on teaching exchanges.
- Professors on teaching exchanges must carry health insurance that meets the requirements of the host institution.

## **INTERNATIONAL STUDENTS**

- All international students must operate within the existing guidelines and regulations of the host institution, and are required to abide by the Immigration Rules
- The number of international students under this Agreement will be agreed on in writing in advance.
- International students must be selected by a special commission at their home institution, and accepted by the host institution.
- Language proficiency of international students will be evaluated and verified for the host institution in advance by appropriate personnel of the sending institution.
- International students are required to take courses for credit at the host institution who will issue a transcript and grades for international students under the same rules and regulations as for its own students.
- The host institution will evaluate the equivalency of the courses at the home institution in awarding the grades to the international students.
- The equivalency of the courses at home and host institutions will be determined by the academic committees of both institutions respectively.
- International students are expected to adhere to the rules and regulations of the host institution and respect the culture, national traditions, and customs of the host country.
- Each student participating in the degree program will be responsible for the following costs:
  - Travel costs to and from each institution.
  - Medical health insurance and health service fee.
  - Passport and visa costs
  - Course material required by the particular program.

- Any other debts the student may incur during the period spent at the host institution.
- During the stay for study at Livingstone College, the students are required to pay 70% of all expenses at Livingstone College including tuition fee, boarding, lodging, and any other expense necessary to complete the degree requirements at Livingstone College.

#### **CINDITIONS OF THE AGREEMENT**

The Agreement will be valid for a term of ten years from the date of the most recent signature below.

Either institution may terminate this Agreement with a written notice of one year. This period is necessary to ensure that exchanges planned or in progress are completed satisfactorily.

Modifications may be proposed at any time, and they will be effective from the date of written notification signed by both institutions.

Concluded and signed on this 13<sup>th</sup> day of January 2020.


Dr. Jimmy R. Jenkins, Sr.  
The President  
Livingstone College  
701 West Monroe Street  
Salisbury, North Carolina 28144 U.S.A.



---

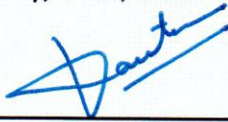
Concluded and signed on this 27<sup>th</sup> day of January 2020.

Professor YDS Arya  
Vice Chancellor,  
Invertis University,  
Bareilly, U. P., India



---

Dr. Umesh Gautam  
Chancellor,  
Invertis University  
Bareilly, U. P., India



---

**Student Faculty exchange Program:** Under this program students and faculties from overseas Universities and Invertis University visit each other campuses to exchange the academic excellence and have enriching experience from each other's cultural heritage.

**American Degree Program:** Established a seamless admission process between the two institutions, which provides qualified students from Invertis University with a clearly defined option for continuing their education in the Bachelor of Business, Computer Science and Liberal Arts at the Livingstone College, Salisbury, North Carolina, USA. The Livingstone College allows students who complete at least two years of the Bachelor Degree at Invertis University to apply to be admitted into the Livingstone College's Faculty of Bachelor Degrees.

International students from Livingstone College, Salisbury, North Carolina are visiting our University under student faculty exchange program.

Our University has been running this program since 2015. In year 2015 four students and one faculty from Livingstone College, Salisbury, NC visited our University and had wonderful stay on our campus.

This year (2019) two students from USA have participated our exchange program at Invertis University for one semester in our BBA and B.Tech Courses. We already have two students from USA as our students of MBA.

Our exchange program has given International exposure to our students and it has contributed a lot in understanding different cultures.

Our International students are coming from different culture and they need proper care and facilities, so that they can carry beautiful memories from Invertis University.

For the comfortable stay of International students at Invertis University,

In addition to their academics curriculum, We are offering following facilities

#### A. TRANSPORTATION

1. On arrival and Departure: Arrangements for pick up and drop from Indra Gandhi airport to Invertis University campus.
2. Local Outings: As our International students are unaware of local language and Indian culture, they cannot travel alone. They can speak only English. We allocate one college conveyance with driver and one coordinator (who can speak both English and Hindi) for their local outings.

#### B. HOUSING/ACCOMMODATION:

AC and Hygienic accommodation : For Five international Students we have 3 spacious rooms (1 for girls and 2 for boys), provided with ; Beds, a mattress, a study table, a chair and a cupboard for each student. There is uninterrupted electricity, heated water facility, water cooler with aqua guard filters, common telephone, common TV Room, common reading room, Wi-Fi facility etc. All air-conditioned rooms have attached bathrooms.

- C. Fooding : Our International Students are very particular about their meals. Food of their choice is served. Generally they eat Non-vegetarian food. They are served very hygienic food cooked in separate kitchen. One cook is employed for their service.

Kitchen is well equipped with Refrigerator, Micro Wave , Cooking gas and Utensils. There is proper water supply.

D. Tours and Trips: Our International students are coming to experience Indian Culture and traditions. To enrich their experience, they visit different places in India. We arrange short trips for them , for example:

1. Nanital,
2. Agra- Taj Mahal
3. Jaipur
4. New Delhi
5. Amritsar- Golden temple

Budget: Rs 1,50,000 for all trips ( 5 students + coordinator)

E. Security: Although Invertis University is a secured campus , yet we need proper security and safety arrangements for Our International students. Complete safety and security is ensured by the Supervisors, Wardens, Proctoral board and the Security Staff (in and on the Campus).

F. Miscellaneous : Health Check-ups, laundry , 3-4 Dinners and Lunch , movies  
Daily need things . Budget appox. Rs50,000 per month.  
Bills will be provided for their expenditure.

G. Welcome and Recreation : Invertis University offers a wide range of sports and recreational facilities to International students.

1. Orientation Program for them
2. Cultural Program
3. Sport Events
4. Sessions by faculty Members
5. Abhiruchi Introduction.

**GENERAL MEMORANDUM OF  
UNDERSTANDING  
BETWEEN  
LIVINGSTONE COLLEGE, SALISBURY, NORTH CAROLINA, USA  
AND  
INVERTIS UNIVERSITY, BAREILLY, U. P., INDIA**

**ACADEMIC AND CULTURAL EXCHANGE PROGRAM**

The Invertis University and Livingstone College, Salisbury, North Carolina seek to establish a mutually beneficial relationship between the two Institutions by developing academic and cultural interchange in teaching, research, and other activities.

Within the framework of the regulations applying in each Institution, and subject to the availability of resources, the following programs and activities will be encouraged.

- Exchange of faculty
- Exchange of students
- Joint conferences and other academic meetings
- Joint research activities
- Exchange of academic materials and information

The agreement between Invertis University and Livingstone College may be in any appropriate field of study available at either institution, subject to the prior approval of the host institution.

**EXCHANGE OF FACULTY MEMBERS**

**1. Teaching Exchange**

- Each institution may nominate one of its professors (means a faculty member) to participate in an exchange for the purpose of teaching and research in the other institution.
- The period of exchange will be agreed upon in writing by both parties. Initially, it will be for a period of two or four weeks or for a full semester. This period may be changed by the mutual consent of both parties.
- Travel expenses for professors on teaching exchange are not compensated by the host institution, unless specific arrangements are made and agreed to in writing in advance.
- In general, professors on teaching exchanges will remain on full salary benefits with their respective institutions.

- Teaching course loads, working hours and conditions will normally be in accordance with established rules and practices of the host institution, subject to prior negotiation and agreement.
- Remuneration for special projects is subject to special negotiation.
- The host institution will give access to office space, libraries and other needed facilities for professors on teaching exchanges.
- Professors on teaching exchanges must carry health insurance that meets the requirements of the host institution.

## **2. Visiting Scholars**

- Visiting scholars may have the approval of the host institution to visit during a short period for the purpose of research, consulting and short-term teaching, and subject to prior negotiations.
- Travel expenses for visiting scholars are not normally paid by the host institution, unless specific arrangements are made and agreed in writing in advance.
- The host institution will provide an institutional appointment and library access.
- Visiting scholars must carry medical health insurance that meets the requirements of the host institution.

## **EXCHANGE OF STUDENTS**

- All student exchanges must operate within the existing guidelines and regulations of the host institution.
- The number of students exchanged under this Agreement will be agreed on in writing in advance. Initially it will be a maximum of 10 students per year. This exchange would be balanced over period of 5 years.
- Exchange students must be selected by a special commission at their home institution, and accepted by the other institution.
- Language proficiency of exchange student will be evaluated and verified for the host institution in advance by appropriate personnel of the sending institution.
- Exchange students will be admitted by the host institution for a period of one or two semesters.

- Exchange students may take courses for credit, and the host institution will issue a transcript and grades for exchange students under the same rules and regulations as for its students.
- During the exchange program, students must continue paying their tuition as their home institution.
- Exchange students must carry medical health insurance that meets the requirements of the host institution.
- Exchange students are expected to adhere to the rules and regulations of the host institution and respect the cultural mores, national traditions, and customs of the host country.
- Each student participating in the exchange program will be responsible for the following costs:
  - Travel costs to and from each institution.
  - Medical health insurance and health service fee.
  - Passport and visa costs
  - Course material required by the particular program.
  - Any other debts the student may incur during the period spent at the host institution.
  - Accommodation cost (traveling and lodging) would be borne by the Host University but the visiting exchange student has to pay the fees at the home institution.
  - Boarding and lodging will be provided free by the host institution for the exchange students.
  - Exchange Students must compile a project about the benefits of the exchange program.

#### **CONDITIONS OF THE AGREEMENT**

The Agreement will be valid for a term of five years from the date of the most recent signature below.

The absence of exchanges during any one academic year is possible and does not nullify this Agreement.

Either institution may terminate this Agreement with a written notice of six months. This period is necessary to ensure that exchanges planned or in progress are completed satisfactorily.

Modifications may be proposed at any time, and they will be effective from the date of written notification signed by both institutions.

Concluded and signed on this 01/13 day of January 2020.

Dr. Jimmy R. Jenkins, Sr.  
The President  
Livingstone College  
701 West Monroe Street  
Salisbury, North Carolina 28144 U.S.A.

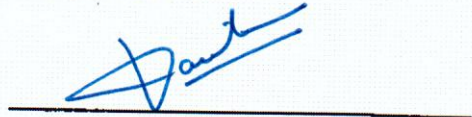


Concluded and signed on this 01/27 day of January 2020.

Dr. YDS Arya  
Vice Chancellor,  
Invertis University,  
Bareilly, U. P., India



Dr. Umesh Gautam  
Chancellor,  
Invertis University  
Bareilly, U. P., India





Dr. Avadhesh Sharma <avadhesh.s@invertis.org>

---

## Fwd: J-1 Students

1 message

---

**Rubina Verma** <rubina.v@invertis.org>  
To: "Dr. Avadhesh Sharma" <avadhesh.s@invertis.org>

Thu, May 28, 2020 at 10:56 AM

Email Correspondance

----- Forwarded message -----

From: **Baldwin, Tony** <TBaldwin@livingstone.edu>

Date: Sat, May 11, 2019 at 2:30 AM

Subject: RE: J-1 Students

To: [rubina.v@invertis.org](mailto:rubina.v@invertis.org) <rubina.v@invertis.org>

Cc: Sharma, R.D. <RSHARMA@livingstone.edu>, Alexander, Dr. State <SALEXAN@livingstone.edu>, Stevens, Deon <DStevens@livingstone.edu>, Cooper, Ruth <RCooper@livingstone.edu>

Dear Dr. Verma,

This is another follow up to our conversation last night where we spoke about preparing three students to come to our J-1 Program this fall. Once again I indicated due to the program growth and the number of students we are taking on this year, I can only bring in three (3) of your students for this fall. I will look to bring in additional students from Invertis for our Spring 2020 semester. I also mentioned to you that I would like to have two (2) females and one (1) male.

Respectfully,

***Dr. Tony A. Baldwin***

Associate Vice-President for the Operations of Student Affairs/

Enrollment Manager/ PDSO Officer for International Students

Livingstone College

704 W. Monroe Street

Salisbury, NC 28144

1-800-835-3435 / Option #1

Desk: 704-216-6001

Mobile: 704-640-7465

Fax: 704-216-6215

Email: [tbaldwin@livingstone.edu](mailto:tbaldwin@livingstone.edu)

***“ We Are What We Repeatedly Do.  
Excellence, Then, Is Not An Act, But A Habit”  
-Aristotle***

---

**From:** Baldwin, Tony

**Sent:** Friday, May 10, 2019 4:52 PM

**To:** 'rubina.v@invertis.org'

**Cc:** Washington, Shelia; Sharma, R.D.; Jenkins, Dr. Jimmy R.; Alexander, Dr. State; Stevens, Deon; Cooper, Ruth

**Subject:** RE: Acceptance for PhD thesis evaluation

Dear Dr. Verma,

This is a follow up to our communication from last evening and a final decision from the President regarding scholarships for F-1 Students. The President and I spoke about the scholarship that the college would be awarding to the International Students from India. We have come to an agreement that students from that area would receive a Holistic Scholarship in the amount of \$7,000 per student which is equivalent to a 30% cut in their tuition per academic year.

We look forward to having at least 10-20 students a part of our fall 2019 enrollment. Therefore, I would ask that you take the necessary actions to move this project along so that student who applied and met your standards would then be able to furnish to us a(n):

1. Official copy of their High School transcript
2. Official copy of their College transcript
3. Complete an online application at [www.livingstone.edu](http://www.livingstone.edu)
4. Official copy of a bank statement that would verify them being able to pay the remaining balance of \$18,492
5. World/Universal Insurance
6. Enrollment and room deposits totaling \$350
7. Passport with a photo

Please note the selected students would need to submit their applications and the aforementioned documents ASAP. This is due to the **required 30 day deadline to go to their Embassies and to be able to arrive to campus at least by August 10<sup>th</sup>** which starts the final registration for our fall academic school year.

Respectfully,

***Dr. Tony A. Baldwin***

Associate Vice-President for the Operations of Student Affairs/  
Enrollment Manager/ PDSO Officer for International Students  
Livingstone College  
704 W. Monroe Street  
Salisbury, NC 28144

1-800-835-3435 / Option #1  
Desk: 704-216-6001  
Mobile: 704-640-7465  
Fax: 704-216-6215  
Email: [tbaldwin@livingstone.edu](mailto:tbaldwin@livingstone.edu)

***“ We Are What We Repeatedly Do.  
Excellence, Then, Is Not An Act, But A Habit”  
-Aristotle***

---

**From:** Sharma, R.D.  
**Sent:** Friday, May 10, 2019 1:09 PM  
**To:** Baldwin, Tony  
**Cc:** Washington, Shelia  
**Subject:** FW: Acceptance for PhD thesis evaluation

Dear Dr. Baldwin,

Pleas see the email address of Dr. Verma in her email below.

Sincerely,

Dr. Sharma

---

**From:** Sharma, R.D.  
**Sent:** Monday, April 01, 2019 11:53 AM  
**To:** 'Rubina Verma' <[rubina.v@invertis.org](mailto:rubina.v@invertis.org)>  
**Cc:** Washington, Shelia <[SWashington@livingstone.edu](mailto:SWashington@livingstone.edu)>  
**Subject:** RE: Acceptance for PhD thesis evaluation

Dear Dr. Verma,

Thank you for the e-mail. As you said, I have checked my e-mail, but I did not see the Synopsis. Please arrange to resend the synopsis and I will review immediately.

Sincerely,

Dr. Sharma

**From:** Rubina Verma [<mailto:rubina.v@invertis.org>]

**Sent:** Monday, April 01, 2019 5:27 AM

**To:** Sharma, R.D. <[RSHARMA@Livingstone.edu](mailto:RSHARMA@Livingstone.edu)>; Washington, Shelia <[SWashington@livingstone.edu](mailto:SWashington@livingstone.edu)>

**Cc:** Ravi Deval <[ravi.d@invertis.org](mailto:ravi.d@invertis.org)>

**Subject:** Acceptance for PhD thesis evaluation

Respected Sir,

Hope you are doing well. For your kind acknowledgement, Dr. Arvind Shukla had discussed PhD thesis evaluation with you during your visit to our Invertis University.

I shall be very thankful to you if you kindly check the email containing the Synopsis, sent by our deputy P.hD coordinator **Dr.Ravi Deval** ([ravi.d@invertis.org](mailto:ravi.d@invertis.org))

Our deputy co-ordinator is eagerly waiting for your acceptance.

Looking forward to hearing from you.

--

**Thanks and Regards,**

**Dr. Rubina Verma**

Head Of Department

Professional Communication

Invertis University,

Bareilly

Livingstone College Legal Notice: This email and any files transmitted with it are confidential and intended solely for the use of the individual(s) or entity to whom they are addressed. If you are not the named addressee, please delete

as you should not disseminate, distribute or copy this e-mail. If you have received this email in error please notify the system administrator at Livingstone College. Thanks for your cooperation!

--

**Thanks and Regards,**

**Dr. Rubina Verma**  
Head Of Department  
Professional Communication  
Invertis University,  
Bareilly



Dr. Avadhesh Sharma &lt;avadhesh.s@invertis.org&gt;

---

**Fwd: Missing Document**

1 message

---

**Rubina Verma** <rubina.v@invertis.org>  
To: "Dr. Avadhesh Sharma" <avadhesh.s@invertis.org>

Thu, May 28, 2020 at 10:58 AM

----- Forwarded message -----

From: **Baldwin, Tony** <TBaldwin@livingstone.edu>

Date: Mon, 29 Jul, 2019, 9:07 PM

Subject: RE: Missing Document

To: Rubina Verma &lt;rubina.v@invertis.org&gt;, Sharma, R.D. &lt;RSHARMA@livingstone.edu&gt;

Dr. Verma,

Please find attached the Student Health Forms to be given to the doctor. Make sure this document is signed and dated by the physician and also please re-send to me the student's information when they are due to arrive here, the itinerary.

If you have further questions or comments, please do not hesitate to contact me.

Thank you.

Respectfully,

***Dr. Tony A. Baldwin***

Associate Vice-President for the Operations of Student Affairs/

Enrollment Manager/ PDSO Officer for International Students

Livingstone College

704 W. Monroe Street

Salisbury, NC 28144

1-800-835-3435 / Option #1

Desk: 704-216-6001

Mobile: 704-640-7465

Fax: 704-216-6215

Email: [tbaldwin@livingstone.edu](mailto:tbaldwin@livingstone.edu)

***“ We Are What We Repeatedly Do.***

***Excellence, Then, Is Not An Act, But A Habit”***

***-Aristotle***

**From:** Rubina Verma [mailto:[rubina.v@invertis.org](mailto:rubina.v@invertis.org)]

**Sent:** Monday, July 29, 2019 1:21 AM

**To:** Baldwin, Tony; Sharma, R.D.

**Subject:** Missing Document

Dear Sir,

This is request you to email the Medical form as it was missing in envelope sent by you. Students will take their flight in the first week of August before that they have to complete all the documentation.

Looking forward to your kind cooperation.

--

**Thanks and Regards,**

**Dr. Rubina Verma**

Head Of Department

Professional Communication

Invertis University,

Bareilly

Livingstone College Legal Notice: This email and any files transmitted with it are confidential and intended solely for the use of the individual(s) or entity to whom they are addressed. If you are not the named addressee, please delete as you should not disseminate, distribute or copy this e-mail. If you have received this email in error please notify the system administrator at Livingstone College. Thanks for your cooperation!



**STUDENT HEALTH FORMS.pdf**

245K



Dr. Avadhesh Sharma <avadhesh.s@invertis.org>

---

## Fwd: Re-Scanned MOU

1 message

---

**Rubina Verma** <rubina.v@invertis.org>  
To: "Dr. Avadhesh Sharma" <avadhesh.s@invertis.org>

Thu, May 28, 2020 at 10:54 AM

Our Agreements

----- Forwarded message -----

From: **Rubina Verma** <rubina.v@invertis.org>  
Date: Sat, Feb 15, 2020 at 7:19 AM  
Subject: Fwd: Re-Scanned MOU  
To: [ajaysharma7843@gmail.com](mailto:ajaysharma7843@gmail.com) <[ajaysharma7843@gmail.com](mailto:ajaysharma7843@gmail.com)>

----- Forwarded message -----

From: **Rubina Verma** <rubina.v@invertis.org>  
Date: Wed, 29 Jan 2020 at 12:26 PM  
Subject: Re-Scanned MOU  
To: Kelli <[KRRandall@livingstone.edu](mailto:KRRandall@livingstone.edu)>, Valerie <[VHatcher@livingstone.edu](mailto:VHatcher@livingstone.edu)>, R.D. <[RSHARMA@livingstone.edu](mailto:RSHARMA@livingstone.edu)>, Shelia <[SWashington@livingstone.edu](mailto:SWashington@livingstone.edu)>

Dear Sir/Madam,

Please ignore the previous mail. The MOU's are re-scanned and attached herewith for your kind reference.

--

**Thanks and Regards,**

**Dr. Rubina Verma**  
Head Of Department  
Professional Communication  
Invertis University,  
Bareilly

--

**Thanks and Regards,**

**Dr. Rubina Verma**  
Head Of Department  
Professional Communication  
Invertis University,  
Bareilly

--

**Thanks and Regards,**

**Dr. Rubina Verma**  
Head Of Department  
Professional Communication  
Invertis University,  
Bareilly

**2 attachments**



**Academic and Cultural Exchange.pdf**  
9236K



**Transferred Undergraduates.pdf**  
8888K



Dr. Avadhesh Sharma &lt;avadhesh.s@invertis.org&gt;

---

**Fwd: Selection Criteria for Exchange Program**

1 message

---

**Rubina Verma** <rubina.v@invertis.org>

Thu, May 28, 2020 at 11:38 AM

To: "Dr. Avadhesh Sharma" &lt;avadhesh.s@invertis.org&gt;

----- Forwarded message -----

From: **Rubina Verma** <rubina.v@invertis.org>

Date: Tue, 13 Aug 2019 at 8:19 PM

Subject: Selection Criteria for Exchange Program

To: Sharma, R.D. &lt;rsharma@livingstone.edu&gt;, Kelli Randall &lt;krandall@livingstone.edu&gt;

Dear Dr.Randall,

Greetings of the day!

Hope you are doing well.Many Congratulations for your new post.Through this email I would like the outline the selection Criteria for students who participate in the our exchange program.

Our University conducts one entrance written exam in every semester .

Top 30 students are selected for Interview.

After Interview result we send 5-6 student rank wise to Livingstone college .

Students have to appear for Visa Interview at embassy after being selected from Invertis University.

Please let me know if any further information is required.

Regards

Dr.Rubina Verma

--

**Thanks and Regards,****Dr. Rubina Verma**

Head Of Department

Professional Communication

Invertis University,

Bareilly



**Livingstone College**  
**Student Health Center**

701 W. MONROE ST.  
SALISBURY, NC 28144

Phone: 704-216-6111 Fax: 704-216-6770  
or x6725

Dear Perspective Student:

On behalf of the Health Services team we would like to welcome you to Livingstone College. This letter is an aid to help you get your health records completed and turned in **30 days prior to enrollment**. In the health packet there will be:

- **Demographics Page** contains the medical history for the student. All blanks should be filled in- including insurance status, along with a copy of the insurance card and drug allergy information. The student should fill in this portion; or a parent or guardian may do so if the student is under the age of 18.
- **Physical Examination Page** is the physical portion and is filled in by the physician. Your physical must have been completed within a 12 month period from enrollment. The physician may or may not perform a urinalysis or perform labs. It is dependent upon the health of the student.
- **Laboratory/Immunization Page.** Immunization records must be signed by a Physician or Nurse Practitioner including the address and phone number of the provider. For North Carolina students a high school transcript is not an acceptable record of immunization. Immunization records must be received on or before the student first registers for classes.
- **Meningococcal Vaccine Declination Page.** Complete the form, sign and check "A" if you do not wish to receive the vaccine.
- **Tuberculosis (TB) Screening Page.** TB screening tool must be completed by all students. An answer of *yes* to any question requires a TB skin test with results.

### **North Carolina State Law Immunization Requirements**

Immunization requirements apply to all students **except** those residing off campus and registering for any combination of off campus courses, evening courses (those which start after 5pm), weekend courses and taking no more than 4 credit hours in on campus courses. If at any time any of the above changes, the student needs to submit a certificate of immunization on or before the first date of registration.

- **Tetanus- DTP, DT, TD/TDap-** series of (3) doses. Under administrative rule **10A NCAC 41A.0401** those students entering a college or university for the first time after July 1, 2008 are required to have a booster dose of TDap (tetanus/diphtheria/acellular pertussis ) within the past 10 years.
- **Polio-**a series of (3) doses. Not required if over the age of 18.
- **MMR** (measles, mumps and rubella) 2 doses.
- **Hepatitis B-**a series of 3 doses required for those students born 1994 and after.
- **Varicella Vaccine** – First dose required.

### **Recommended Immunizations**

- Meningococcal-if student doesn't want to take vaccine, please sign the vaccine declination sheet.
- HPV
- Hepatitis A
- Varicella –Second dose
- Flu

If a student must begin a series of injections in order to be in compliance; such will be completed before the student can legally remain in college. Those students that do not turn in immunization records prior to enrollment will be given 30 calendar days from the first day of registration in order

to become compliant. If the immunization requires a series of doses and the period necessary to give the vaccine at standard intervals extends beyond the date of the first registration, the student shall be allowed to attend the college. **If after that time, they will be withdrawn from classes, will not be able to participate in sports and cannot live in the Residence Halls.**

The student health forms are located on the website of Livingstone College. Visit <http://www.livingstone.edu> and click on "Students", scroll down to Student Web Portal, click Health Service, scroll to Student Insurance Forms and click to download. You will see all the student health forms to complete. You may choose to bring your forms with you during registration or return your forms in advance any of the following methods:

**Mail:** Student Health Center, 701 W. Monroe St., Salisbury NC. 28144

**Fax:** 704-216-6770

**Email:** Sheila Wasson RN, Director Student Health Center [swasson@Livingstone.edu](mailto:swasson@Livingstone.edu)

Nicole Hutto, Administrative Asst. [nhutto@livingstone.edu](mailto:nhutto@livingstone.edu)



**Livingstone College**  
**Student Health Center**

701 W. MONROE ST.  
SALISBURY, NC 28144

Phone: 704-216-6111 Fax: 704-216-6770  
or x6725

**Demographics (TO BE COMPLETED BY THE STUDENT)**

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell/Home Phone: ( ) \_\_\_\_\_

Emergency Contact: (name, phone number) \_\_\_\_\_

Proposed Registration (please check) Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_ Previously enrolled? Y \_\_\_\_\_ N \_\_\_\_\_ Year \_\_\_\_\_

Are you covered with Medical Insurance? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, please provide a copy of the front and back of your insurance card.

Are you allergic to any medications? Y \_\_\_\_\_ N \_\_\_\_\_ If so, please list the name and type of reaction \_\_\_\_\_

Is there any disease or treatment that should be evaluated periodically? If so, please explain \_\_\_\_\_

**Personal Health History**

Do you have a history of any of the following? Y=yes N=no

Anorexia \_\_\_\_\_

Gastrointestinal Disorder \_\_\_\_\_

Arthritis \_\_\_\_\_

Heart Disease \_\_\_\_\_

Asthma/Hay Fever/Hives \_\_\_\_\_

Hepatitis \_\_\_\_\_

Diabetes \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Ear/Nose or Throat trouble \_\_\_\_\_

Kidney Disease \_\_\_\_\_

Eczema \_\_\_\_\_

Migraine Headache \_\_\_\_\_

Emotional Conditions \_\_\_\_\_

Mononucleosis \_\_\_\_\_

Epilepsy (Seizures) \_\_\_\_\_

Sickle Cell Trait \_\_\_\_\_

**Statement by student, Parent or Legal Guardian** (if student under the age of 18): I attest that the submitted health information above is true and complete to the best of my knowledge. I hereby give permission to any physician, Hospital or other medical agency as appropriate to advise and render medical treatment as necessary.

Signature of Student \_\_\_\_\_ or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_



**Livingstone College**  
**Student Health Center**

701 W. MONROE ST.  
SALISBURY, NC 28144

Phone: 704-216-6111 Fax: 704-216-6770

**PHYSICAL EXAMINATION**

(TO BE COMPLETED BY PHYSICIAN, PA, FNP, OR CERTIFIED CLINICIAN)

Name _____	Date of Birth _____			
BP _____	Pulse _____	HT _____	WT _____	BMI _____
Vision: Right-20/ _____ Left-20/ _____		Corrected to: Right 20/ _____ Left-20/ _____		

SYSTEM	NORMAL	ABNORMAL	COMMENTS
HEENT			
RESPIRATORY			
CARDIOVASCULAR			
METABOLIC/ENDOCRINE			
GASTROINTESTINAL			
HERNIA			
G/U			
MUSCULOSKELETAL			
NEUROPSYCHIATRY			
SKIN			

Any loss or serious impairment to any organ? \_\_\_\_\_

Is Student being treated for medical or emotional condition? \_\_\_\_\_

Is Student capable of unlimited athletic participation? \_\_\_\_\_

Remarks pertinent to history or physical findings \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_



**Livingstone College**  
**Student Health Center**

701 W. MONROE ST.  
SALISBURY, NC 28144

Phone: 704-216-6111 Fax: 704-216-6770

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**LABORATORY**

HEMOGLOBIN \_\_\_\_\_

URINALYSIS: GLUCOSE \_\_\_\_\_ ALBUMIN \_\_\_\_\_

**REQUIRED IMMUNIZATIONS**

DTP, DTap, TD (proof of 3 doses required) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

TD/Tdap (Tdap required for all freshmen, TD within the last 10 years) 1. \_\_\_\_\_

POLIO (a series of 3. If over the age of 18 not required) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

MMR-Measles, Mumps and Rubella (a series of 2. The first dose must have been given on or after the first birthday. Not required after the age of 50). Serological titers acceptable to verify immunity. 1. \_\_\_\_\_ 2. \_\_\_\_\_

HEPATITIS B (a series of 3. If born after 1994) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

NEGATIVE TB SCREENING OR TB SKIN TEST (required within the past year.) Tuberculin lot # \_\_\_\_\_ Exp. date \_\_\_\_\_ Given by: \_\_\_\_\_

Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Result: \_\_\_\_\_

VARICELLA 1. \_\_\_\_\_

\*\*\*\*If there is a history of a positive TB test in the past, please provide chest x-ray results. \*\*\*\*

**RECOMMENDED IMMUNIZATIONS**

MENINGOCOCCAL (A dose of 1. If the first dose was given at age 13 through 15 years, a one-time booster dose should be administered at 16-18 years)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Which dose administered? (Please check) Menactra \_\_\_\_\_ Menveo \_\_\_\_\_

HPV-GARADSIL (a series of 3 for females and males up to the age of 26) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

VARICELLA 2. \_\_\_\_\_

HEPATITIS A (series of 2) 1. \_\_\_\_\_ 2. \_\_\_\_\_

PHYSICIAN SIGNATURE OR CLINIC STAMP \_\_\_\_\_ DATE \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_



Livingstone College

Student Health Center

701 W. MONROE ST.  
SALISBURY, NC 28144

Phone: 704-216-6111 Fax: 704-216-6770

## MENINGOCOCCAL VACCINE WAIVER FORM

### MUST BE COMPLETED AND SUBMITTED IF STUDENT DOES NOT RECEIVE VACCINE

**MENINGOCOCCAL DISEASE (Meningitis)** Meningococcal disease is a bacterial infection caused by the *Neisseria meningitidis*. The bacteria colonize in the inner lining of nasal passages. From there they can make their way into the bloodstream. If the bacteria multiply very quickly in the bloodstream this can lead to a severe blood infection called meningococemia. The bacteria can also get carried to the brain and spine where they can attack the membranes covering the brain and spinal cord. These membranes are called meninges. This causes swelling. When this happens the disease is referred to as bacterial meningococcal meningitis. The disease is rare; however its initial flu-like symptoms make diagnosis difficult. Meningococcal bacteria are spread from person to person through close contact. The disease progresses rapidly and leads to death within 24-48 hours from the first sign of symptoms. Infants and adolescents are particularly vulnerable. Adolescents are at higher risk of contracting meningococcal disease because of several social and environmental factors such as: crowding, kissing, pubs/clubs, and residence halls. In the United States, the annual estimated incidence of meningococcal disease in adolescents and young adults (14-24 years old) was observed to be 0.75 cases per 100,000 individuals.

Vaccination is considered to be the most effective method of preventing meningococcal disease. A number of different vaccines are currently available for bacteria types A, C, W-135 and Y. Presently there is no vaccine available to protect against type B bacteria. In January 2011, the Advisory Committee on Immunization Practices (ACIP) recommended routine vaccination with a single dose vaccine for adolescents, optimally at age 11 or 12 years followed by revaccination at age 16 years, 5 years after the first dose received because there is a potential decline of immunity after 5 years.

Additional information can be obtained on the Centers for Disease Control and Prevention (CDC) website at:  
<http://www.cdc.gov/health/diseases.htm>.

**Student Name (please print)** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Student ID number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

If student is under the age of 18, parent or legal representative please sign:

Name: \_\_\_\_\_ relation to student \_\_\_\_\_

**I have read the information on meningococcal disease and:**

(Mark either A or B)



A. I **DO NOT** wish to receive the meningococcal vaccine.



B. I have already received the vaccine on this date: \_\_\_\_\_.

**Student Signature (over the age of 18)** \_\_\_\_\_



Print Legibly/Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

**Tuberculosis (TB) Screening Questionnaire** (to be completed by incoming students)

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? ☐ Yes ☐ No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below) ☐ Yes ☐ No

Afghanistan	Comoros	Iraq	Namibia	Somalia
Algeria	Congo	Kazakhstan	Nauru	South Africa
Angola	Côte d'Ivoire	Kenya	Nepal	South Sudan
Anguilla	Democratic People's Republic of Korea	Kiribati	New Caledonia	Sri Lanka
Argentina	Democratic Republic of the Congo	Kuwait	Nicaragua	Sudan
Armenia	Djibouti	Kyrgyzstan	Niger	Suriname
Azerbaijan	Dominican Republic	Lao People's Democratic Republic	Nigeria	Swaziland
Bangladesh	Ecuador	Latvia	Northern Mariana Islands	Syrian Arab Republic
Belarus	El Salvador	Lesotho	Pakistan	Tajikistan
Belize	Equatorial Guinea	Liberia	Palau	Tanzania (United Republic of)
Benin	Eritrea	Libya	Panama	Thailand
Bhutan	Ethiopia	Lithuania	Papua New Guinea	Timor-Leste
Bolivia (Plurinational State of)	Fiji	Madagascar	Paraguay	Togo
Bosnia and Herzegovina	Gabon	Malawi	Peru	Tunisia
Botswana	Gambia	Malaysia	Philippines	Turkmenistan
Brazil	Georgia	Maldives	Portugal	Tuvalu
Brunei Darussalam	Ghana	Mali	Qatar	Uganda
Bulgaria	Greenland	Marshall Islands	Republic of Korea	Ukraine
Burkina Faso	Guam	Mauritania	Republic of Moldova	Uruguay
Burundi	Guatemala	Mauritius	Romania	Uzbekistan
Cabo Verde	Guinea	Mexico	Russian Federation	Vanuatu
Cambodia	Guinea-Bissau	Micronesia (Federated States of)	Rwanda	Venezuela (Bolivarian Republic of)
Cameroon	Guyana	Mongolia	Sao Tome and Principe	Viet Nam
Central African Republic	Haiti	Montenegro	Senegal	Yemen
Chad	Honduras	Morocco	Serbia	Zambia
China	India	Mozambique	Sierra Leone	Zimbabwe
China, Hong Kong SAR	Indonesia	Myanmar	Singapore	
China, Macao SAR			Solomon Islands	
Colombia				

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en>.

Have you had frequent or prolonged visits\* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) ☐ Yes ☐ No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? ☐ Yes ☐ No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? ☐ Yes ☐ No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? ☐ Yes ☐ No

**If the answer is YES to any of the above questions, Livingstone College requires that you receive TB testing and results as soon as possible but at least prior to the start of the subsequent semester.**

**If the answer to all of the above questions is NO, no further testing or further action is required.**

\* The significance of the travel exposure should be discussed with a health care provider and evaluated.

**GENERAL MEMORANDUM OF  
UNDERSTANDING  
BETWEEN  
LIVINGSTONE COLLEGE, SALISBURY, NORTH CAROLINA, USA  
AND  
INVERTIS UNIVERSITY, BAREILLY, U. P.; INDIA**

**FOR TRANSFERRED STUDENTS – UNDERGRADUATE DEGREE PROGRAM**

The Invertis University and Livingstone College, Salisbury, North Carolina seek to establish a mutually beneficial relationship between the two Institutions by developing academic undergraduate degree program.

Within the framework of the regulations applying to each Institution, and subject to the availability of resources, the following programs and activities will be encouraged.

- Exchange of faculty and staff
- Exchange of academic materials and information
- Collaborative research

The agreement between Invertis University and Livingstone College may be in any appropriate field of study available at either institution, subject to the prior approval of the host institution.

**EXCHANGE OF FACULTY MEMBERS**

**1. Teaching Exchange**

- Each institution may nominate one of its professors (means a faculty member) to participate in an exchange for the purpose of teaching and research in the other institution.
- The period of exchange will be agreed upon in writing by both parties. Initially, it will be for a period of two or four weeks or for a full semester. This period may be changed by the mutual consent of both parties.
- Travel expenses for professors on teaching exchange are not compensated by the host institution, unless specific arrangements are made and agreed to in writing in advance.
- In general, professors on teaching exchanges will remain on full salary benefits with their respective institutions.

- Teaching course loads, working hours and conditions will normally be in accordance with established rules and practices of the host institution, subject to prior negotiation and agreement.
- Remuneration for special projects is subject to special negotiation.
- The host institution will give access to office space, libraries, living accommodations, food, and other needed facilities for professors on teaching exchanges.
- Professors on teaching exchanges must carry health insurance that meets the requirements of the host institution.

## **INTERNATIONAL STUDENTS**

- All international students must operate within the existing guidelines and regulations of the host institution, and are required to abide by the Immigration Rules
- The number of international students under this Agreement will be agreed on in writing in advance.
- International students must be selected by a special commission at their home institution, and accepted by the host institution.
- Language proficiency of international students will be evaluated and verified for the host institution in advance by appropriate personnel of the sending institution.
- International students are required to take courses for credit at the host institution who will issue a transcript and grades for international students under the same rules and regulations as for its own students.
- The host institution will evaluate the equivalency of the courses at the home institution in awarding the grades to the international students.
- The equivalency of the courses at home and host institutions will be determined by the academic committees of both institutions respectively.
- International students are expected to adhere to the rules and regulations of the host institution and respect the culture, national traditions, and customs of the host country.
- Each student participating in the degree program will be responsible for the following costs:
  - Travel costs to and from each institution.
  - Medical health insurance and health service fee.
  - Passport and visa costs
  - Course material required by the particular program.

- Any other debts the student may incur during the period spent at the host institution.
- During the stay for study at Livingstone College, the students are required to pay 70% of all expenses at Livingstone College including tuition fee, boarding, lodging, and any other expense necessary to complete the degree requirements at Livingstone College.

#### **CINDITIONS OF THE AGREEMENT**


The Agreement will be valid for a term of ten years from the date of the most recent signature below.

Either institution may terminate this Agreement with a written notice of one year. This period is necessary to ensure that exchanges planned or in progress are completed satisfactorily.

Modifications may be proposed at any time, and they will be effective from the date of written notification signed by both institutions.

Concluded and signed on this 13<sup>th</sup> day of January 2020.

Dr. Jimmy R. Jenkins, Sr.  
The President  
Livingstone College  
701 West Monroe Street  
Salisbury, North Carolina 28144 U.S.A.



---

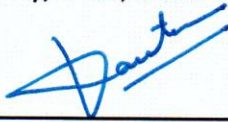
Concluded and signed on this 27<sup>th</sup> day of January 2020.

Professor YDS Arya  
Vice Chancellor,  
Invertis University,  
Bareilly, U. P., India



---

Dr. Umesh Gautam  
Chancellor,  
Invertis University  
Bareilly, U. P., India



---