



Host/Supervisor:

Name _____
Department

Phone Number _____
Email

International Visitor Contact Information:

Start Date _____
End Date _____
Country (Citizenship) and Visa Status

Last Name _____
First Name _____
Middle Name

Other Names Listed _____
Date of Birth

Address _____
City/State/Country

Affiliation (i.e., company name, university name, etc.):

Name _____
Country

Address _____
City/State/Country

Section 1

Reason for Visit (full description):

Section 2

Purpose of Invitation:		Yes	No
Non-Exempt	Will the visitor have any involvement on a research project of collaboration, or have access to labs and research facilities to observe or conduct research? (If yes, complete section 3 below)		
	Will the visitor be issued TAMUK ID card, keys to offices or labs, or given access to TAMUK computing systems in any way or manner?		
	Will the visitor receive payment of honorarium, reimbursement of expenses, or given something of value?		
Exempt	Will the visitor meet with colleagues to discuss a research project or collaboration in which he/she is not actively working where there is no exchange of controlled information or technology?		
	Will the visitor tour labs or research facilities that are not otherwise controlled?		
	Will the visitor participate in general academic or scientific meetings, or give lectures, presentations, or seminars?*		

*Visitors cannot be part of discussions where there is an exchange of controlled information or technology.

Based on the above responses this visitor's designation is: **Non-Exempt**** **Exempt**

****All Non-Exempt visitors must complete the TAMUT International Visiting Scholar Acknowledgment located on the [Forms and Resources](#) section of the TAMUT Export Controls website.**

Section 3

Export Controls and Other Research Related Compliance :	Yes	No
Activities are covered by an Institutional Review Board (IRB) study		
Activities are covered by an Institutional Biosafety Committee (IBC) permit		
Activities are covered by an Animal Use Protocol (AUP)		
The research or activity is proprietary		
Activities involve access or use of items/articles, software, or technology listed on the EAR or ITAR		
Activities involve access to research or work of with publication restrictions		
The research or activity has restrictions on participation of foreign national		
The research or activity references export control clauses or references to EAR or ITAR		
Activities will involve the use or access to encryption software		
Activities will be related to the spread or increase of nuclear, chemical, biological weapons, or missiles		
Activities will involve access to any resources/facilities subject to a Technology Control Plan		
Activities involve work with any embargoes or sanctioned country		
The research or activity is classified		
The research or activity will yield results for military or use in outer space		
The research or activity is fundamental research		

If "Yes" is marked on any of the fields listed in section 3, please contact Office of Research Compliance at research@tamut.edu.

International Visitor Request Form

Host/Supervisor:

I have knowledge of the nature of the proposed visit. The answers I have provided are true and correct to the best of my knowledge and belief. I understand that if any changes are anticipated in the nature or duration of the visit or employment prior approval will be required. I hereby certify that I have completed the Export Controls & Embargo Training – Basic Course offered via TrainTraq, and have read System Policy 15.02, *Export Controls* and TAMUT Rule 15.02.99.H1, *Export Controls*. As the host/supervisor, I certify that I am not on development or sabbatical leave and will make every reasonable effort to perform the responsibilities of hosting and supervising the visitor or employee.

Name

Signature

Date (MM/DD/YYYY)

Department Head/Chair:

Name

Signature

Date (MM/DD/YYYY)

OFFICE USE ONLY (Visual Compliance/Export Control Delegates)

Screening Name

Screening Signature

Date (MM/DD/YYYY)

Results:

- No results returned
- Match – found to be a false positive: requires description of how this was determined to be a false positive and (2) secondary screener signature/date
- Match – found to be positive requires secondary screener signature/date

Reason for Determination of False Positive (if applicable):

Secondary Screening Name

Secondary Screening Signature

Date (MM/DD/YYYY)

Attach Restricted Party Screening Results Page

Completed forms and screenings should be retained by your Visual Compliance/Export Control Delegates for 5 years after visit. In cases of a non-exempt international visitor, the Office of International Student & Scholar Services should also maintain this form with relevant visa documents.