

**EXPORT CONTROLS COMPLIANCE REVIEW | Visitor Exchange Programs and Employment**

Request Date: \_\_\_\_\_

<b>Section I: Host/Supervisor</b>				
Name	ADLOC	Department/Unit	Email	
Research Home (AgriLife or TAMU)	Research Project Maestro Identification Numbers			
<b>Section II: Visitor/Employee Contact</b>				
Full Name	Country(s)/Citizenship		If not U.S., Visa Status	
Institution Affiliation:	Address	Visitation Period – only if completing request for visiting scholar approval (from-through)		
Name of Institution	Institution Address	Country		
Complete the following if the person has been employed by any TAMUS member anytime during the 12 month period preceding the effective date of this appointment/employment.				
College	Department	Dates of Employment	PIN	Title
Please select one:				
<input type="checkbox"/> Visiting Scholar/Scientist (will not be put on payroll) Continue to Section III.	<input type="checkbox"/> Visiting Scholar/Scientist (will be put on payroll) Continue to Section III.	<input type="checkbox"/> Employee Continue to Section IV.		
Title (if being put on payroll)				
<b>Section III: Visitor Exchange Program Background and Purpose of Visit</b>				
Describe Education and Background (attach CV):				
_____				
_____				
Describe the nature and purpose of the visit and how it relates to research:				
_____				
_____				
Identify sources of financial support and funding for scholar during visit. Will the agency receive a bench fee?				
_____				
<b>Continue to Section IV.</b>				
<b>Section IV: Export Controls and Other Research Related Compliance</b>				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Activities are covered by an Institutional Review Board (IRB) study		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Activities are covered by an Institutional Biosafety Committee (IBC) permit		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Activities are covered by an Animal Use Protocol (AUP)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The research or activity is proprietary		

**Section IV Continued:**

- Yes  No *Activities involve access or use of items/articles, software, or technology listed on the EAR or ITAR*
- Yes  No *Activities involve access to research or work of with publication restrictions*
- Yes  No *The research or activity has restrictions on participation of foreign national*
- Yes  No *The research or activity references export control clauses or references to EAR or ITAR*
- Yes  No *Activities will involve the use or access to encryption software*
- Yes  No *Activities will be related to the spread or increase of nuclear, chemical, biological weapons, or missiles*
- Yes  No *Activities will involve access to any resources/facilities subject to a Technology Control Plan*
- Yes  No *Activities involve work with any embargoes or sanctioned country*
- Yes  No *The research or activity is classified*
- Yes  No *The research or activity will yield results for military or use in outer space*
- Yes  No *The research or activity is fundamental research*

**Host/Supervisor Certification:**

I have knowledge of the nature of the proposed visit or employment. 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 read AgriLife/TAMU Procedures 15.99.99.A(X,V, M)0.01, and if I am hosting or employing an international person, I have completed the Export Controls & Embargo Training – Basic Course offered via TrainTraq, and have read System Policy 15.02 *Export Controls* and AgriLife/TAMU Rule 15.02.99.A(X,V, M)1 *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. Additionally, I will ensure that a completed AG-718 is returned to AgriLife Risk and Compliance as well as the Texas A&M University Division of Research.

_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>
_____	<b>Continue to Section V if request is for a visiting scholar. If the request is for employment, submit to AgriLife Risk and Compliance upon completion of this section.</b>	
<i>Training Completion Date</i>		

**Section V: Approvals**

Department/Unit Head:

_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>

After department/unit head approval, route to AgriLife Risk and Compliance for final approvals.

Dean/Director:

_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>

**This Section for AgriLife Risk and Compliance Use Only**

**Section VI: Restricted Party/Entity Screening**

Date of Screening: \_\_\_\_\_

- Yes  No *Passed denied person/entity/embargoes list*
- Yes  No *Restrictions (If yes, explain)*

_____	_____	_____
<i>Screener Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Secondary Screener Name (if applicable)</i>	<i>Signature</i>	<i>Date</i>