

EXPORT CONTROLS COMPLIANCE REVIEW | Visitor Exchange Program and Employment

Request Date: _____

Section I: Host/Supervisor

Name	ADLOC	Department/Unit	Email
Research Home (AgriLife or TAMU)		Sponsored Maestro Project Number(s) (ex: M1234567)	

Section II: Visitor/Employee Contact
☐ Current ☐ Sponsorship

Full Name	Country(s)/Citizenship	Visa Status
-----------	------------------------	-------------

Dual Citizenship, list all countries

☐ Visitor/Employee is under the age of 18

Institution Affiliation:

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 III.
--	--	---

Visitation Period (from-through)	Title (if being put on payroll)	Start of Employment (if being put on payroll)
----------------------------------	---------------------------------	---

Section III: Program Background and Purpose

Visiting Scholar's or Employee's assigned work location and facilities/resources needed:

Describe the nature and purpose of the visit/employment and how it relates to research:

Describe Education and Background (attach CV):

Identify sources of financial support and funding for scholar during visit. Will Federal Funds be used to pay individual?
Will the agency receive a bench fee?

Continue to Section IV.

Section IV: Export Controls and Other Research Related Compliance

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visitor/Employee is needing remote access only
<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) permit # _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Activities are covered by an Institutional Review Board (IRB) study permit # _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The research or activity is proprietary
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Activities involved access or use items/articles, software, or technology listed on the EAR or ITAR
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Activities involve access to research or work of with publication restrictions
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The research or activity has restrictions on participation of foreign national
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The research or activity references export control clauses or references to EAR or ITAR
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Activities will involve the use or access to encryption software
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Activities will be related to the spread or increase of nuclear, chemical, biological weapons, or missiles
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Activities will involve access to any resources/facilities subject to a Technology Control Plan
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Activities involve work with any embargoes or sanctioned country
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The research or activity is classified
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The research or activity will yield results for military or use in outer space
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intellectual Property will be associated with the research
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visiting Scholar/Employee will bring research material (i.e. notebooks, prototypes, samples, solutions, etc.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The research or activity is fundamental research

Fundamental research is basic and applied research in science and engineering, where the resulting information is ordinarily published and shared broadly within the scientific community. The techniques used during the research are normally publicly available or are part of the published information.

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.

_____	_____	_____
Name	E-Signature required	Date
_____	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.	
Training Completion Date		

Section V: Approvals

Department/Unit Head:

_____	_____	_____
Name	E-Signature required	Date

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

Dean/Director:

_____	_____	_____
Name	E-Signature required	Date

This Section for AgriLife Ethics and Compliance Use Only

Section VI: Restricted Party/Entity Screening

Date of Screening: _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Passed denied person/entity/embargoes list
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Restrictions (If yes, explain)

_____	_____	_____
Name	E-Signature required	Date