

Visa Restricted Party Screening

Full Name of Visiting Scientist/Scholar _____

Country of citizenship _____

Visa type (e.g. J-1, F-1) _____

Will the Visiting Scientist/Scholar represent a company or institution?

___ Yes ___ No

If yes, name of organization: _____

What is the purpose of the visit?

(Describe the visitor's planned research, education and/or training activities at UCM. A project description may be attached to the agreement. Attach a copy of CV and/or other information regarding the Visiting Scientist/Scholar)

Name of Visitor's Supervisor:

State specifically where the Visiting Scientist/Scholar will be working at UCM (buildings/rooms):

Will the Visitor be working in the area of biomedical sciences, computer sciences, space sciences, engineering or other scientific discipline?

NO. Sign and date this form.

YES. Check all required boxes below, then sign and date this form.

The research agreement (e.g., grant or contract) on which the Visitor will be working does not restrict or prohibit the participation of foreign persons in the project.

The research agreement (e.g., grant or contract) on which the Visitor will be working does not restrict or prohibit the research team's right to publish any of the data or research results.

In performing the work, the Visitor will not be provided access to:

- Technical information that has been deemed "export controlled"
- Sponsor or third-party proprietary or confidential information, materials, or software
- Encryption source code
- Equipment specifically designed or developed for military or space applications.

By signing, I affirm that I am familiar with the details of the Visitor's work while at UC Merced and hereby affirm that the contents of the foregoing are true, to the best of my knowledge, information and belief. I further understand that failure to accurately complete this certification can result in U.S. government export control violations for which civil and criminal penalties can be assessed against any individual found to have caused or facilitated a violation, and/or against the University of California.

Signature

Date

Name and title of person signing form:

Department/Institute/Center:

Phone: _____

Email: _____

Please provide this form to the UC Merced Export Controls office at exportcontrols@umcerced.edu for review and approval.