

Exchange Visitor Restricted Party Screening

Full Name of Exchange Visitor (Scientist/Scholar)

Country of citizenship _____

Visa type _____

Name of home institution/ organization: _____

Visitor's Current Position at their home institution/ organization:

___ Undergraduate ___ Graduate ___ Postdoc ___ Faculty ___ Other: _____

Visitor's Proposed Position at UC Merced:

___ Undergraduate ___ Graduate ___ Postdoc ___ Faculty ___ Other: _____

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 Exchange Visitor)

How will this visit be funded? _____

Name of Visitor's Supervisor: _____

State specifically where the Exchange Visitor 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 of Academic Sponsor

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@ucmerced.edu for review and approval. Please allow for up to 5 business days for a response.