**VCU International Employee/Visitor and Visiting Scholar Pre-Screening Form**

Instructions: This questionnaire **must** be completed by the sponsoring faculty member for all visitors to campus/labs. Please answer the following questions to the best of your ability. Submit this form to the Global Education Office. *If the individual is a foreign national this form must be forwarded to the Export Compliance Office.*

|  |  |
| --- | --- |
| Faculty/Sponsor Name: | Department: |
| Phone: | E-Mail: |

|  |  |
| --- | --- |
| Beneficiary Name: | Country of Citizenship: |
| Foreign University or Employer: |

|  |
| --- |
| **Visa Determination Questions** |
| What role will the beneficiary have at VCU?  |
| Will the beneficiary be appointed to a permanent classified or a tenure-track position? Yes No |
| How long will the beneficiary be at VCU? |
| What source is providing the funding for the beneficiary’s visit? |
| Is the beneficiary already in the United States? Yes No If Yes, what type of visa are they on and when does it expire? |
| If the beneficiary is on a J visa, does the 2 year rule apply? Yes No N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| **Deemed Export Questions** | Yes\* | No | Unsure |
| Will the beneficiary participate in research? |  |  |  |
| Do you currently have a Technology Control Plan (TCP) in place with the Export Compliance Office? |  |  |  |
| Does your research have an publication restrictions, restrictions on the hiring of foreign nationals, or confidentiality requirements? |  |  |  |
| Is any of your research funded by the DOD, NASA, or defense industry? |  |  |  |

***Please list/describe the equipment that the beneficiary will have access to as a part of their work***:

I attest that, to the best of my ability, I have truthfully answered all of the above questions. I have full knowledge of the scope of research work of the beneficiary.

Faculty/Sponsor Signature Date