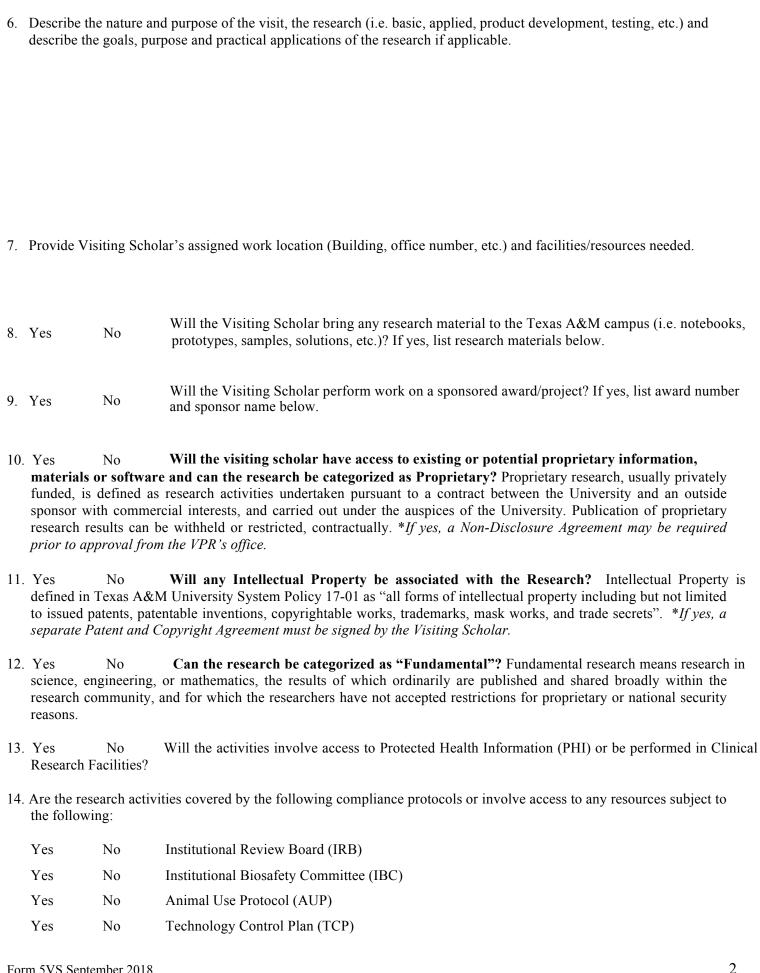


Visiting Scholar/International Visiting Scholar/Exchange Visitor Request Form

Vi	the College of sitation Agr		(Department, Center or Institute Name) requests authorization to make a Facility I University SAP 15.99.99.M0.01 Visiting &M University.					
1.	First Name	:	Middle Name	e:	Last Name:			
2.	U.S. Citizen: Yes No		•	U.S. Legal Permanent Resident: Yes If yes, insert expiration date of gre				
	If Foreign	National, specify C	ountry of Citizenshi	p:				
	If Dual	l Citizenship, list al	l other Countries:					
3.	List any previous Countries of Citizenship:							
	a) Name of Home Institution:							
	b)	Institution Addres	s:					
		City:		State:	Country:			
	c) Permanent Residen		ence Address:	e Address:				
	,	City:		State:	Country:			
	d)	Visitation Period:			·			
		Begin:	Er	nd:	Extension:	Yes No		
	e)	Other Non-Employ	yee Affiliations:	Affiliations:				
		Postdoctoral Fello	ow: Yes No	HIAS Fellow: Yes	No IPA:	Yes No		
		Remote Access O	•	Observer Only (HSC	• /			
		If yes to Remo	te Access Only: VF B	PN: Library: razos Cluster:	Super Compute Other:			
		Is this visitor unde	er the age of 18? Yes	s No				
4.	•			ne, personal savings, gran ceive regular salary comp		1 2		
	a) Source of	of Support:						
	b) Research Grant/Contract/Award Number of applicable:							
	c) Support will be provided directly to: TAMU Visitor Both							
5.	Attach copy	v of curriculum vita	e (CV) or resume an	nd signed visiting scholar	agreement (included	as part of this form)		



15.	If the visiting scholar is an international person (not a U.S. citizen or lawful U.S. Resident), please complete the
	following questions to assist in the export control assessment of the proposed visit. Please check yes or no for all of
	the activities contemplated during the scholar's visit, including funded work and unfunded work, with the host or
	other faculty members or researchers.

Yes No

- a. Will the visit involve access to or involvement on project with any of the following (check each one that applies):
 - a) Restrictions on publication (including reporting of the research results) or presentations at conferences;
 - b) Restrictions on the participation of foreign nationals; or
 - c) Export control clauses or references to ITAR/EAR?
 - d) Military end use or application?
- b. Can the research be categorized as Classified?
- c. Will the visit involve "use" or access to encryption software and will the Visiting Scholar have access to source code?
- d. Will the activities performed be related to the spread or increase of nuclear, chemical, or biological weapons or missile technology?

HOST FACULTY MEMBER:

I have knowledge of the nature of the proposed visit. 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 prior approval will be required. Should the Visiting Scholar become involved in an Employer/Employee relationship while at Texas A&M University, I will notify the DOR immediately. I hereby certify that I have read University SAP 15.99.99.M0.01 Visiting Scholars Not Involved in an Employer/Employee Relationship with Texas A&M University and have read System Policy 15.02 Export Controls and University Rule 15.02.99.M1 Export Controls. Hosting this visitor will not create a conflict of interest in accordance with University Rule 15.01.03.M1 Financial Conflicts of Interest in Sponsored Research. As the Host Faculty Member, I accept the responsibilities associated with hosting a Visiting Scholar, and 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 Visiting Scholar.

Name:	
Signature:	Date:
Phone Number:	Email address: Email address of departmental personnel needing a copy of this approved form:
APPROVAL RECOMM	IENDED BY: Department Head (or Director, if appropriate)
Name:	
Signature:	Date:

APPROVAL RECOMMENDED BY: Dean

Name:		
Signature:		Date:
APPROV	ED BY: Divisio	on of Research
Name:	Autumn B. Big	gers, Director
Signature:		Date:
This section	on to be comple	eted by the Division of Research:
Yes	No	Individual passed denied person/embargoes list
Yes	No	Institution/Affiliated Organization passed denied person/embargoes list
Yes	No	Secondary Screening Conducted
Yes	No	Any restrictions, if yes, list results and explain:
Yes	No	Host Completed Export Controls & Embargo Training - Basic Course in SSO via
		TrainTraq

Form 5VS September 2018 4



Visiting Scholar Agreement

Visitor's Name:	·	Host Department:	Visitor's Host:
	federal, state, and local laws, inclu	ding, but not limited to, ex ersity Rules and Regulatio	ject to and are required to observe all applicable port control laws and regulations, and as, including Intellectual Property Rights and TAMURulesAndSAPs.aspx.
	obligations that may conflict with	the obligations of being a Viting Scholar and their orga	r will need to identify and report any IP rights of visiting Scholar at Texas A&M University. The nization on a separate patent and copyright
	the duration of the Visiting Schola Texas A&M University System, p consideration of the Visiting Scho	r's time at Texas A&M Un ursuant to Texas A&M Un lar's participation in resear	/or reduced to practice in whole or in part durin iversity shall be, and are hereby, assigned to The versity's Rules and Regulations, and in the projects at Texas A&M University, access to rother valuable consideration as a Visiting
	A Visiting Scholar shall not enter this agreement or Texas A&M Un		copyright or patent obligations in conflict with as.
	regents, officers, agents, and emplinvolving the Visiting Scholar aris	oyees harmless from any loing out of or in connection	nd The Texas A&M University System, their ass, claim, damage, or liability of any kind with this assignment, except to the extent that is regents, officers, employees, or agents of Texa
			an approved Visiting Scholar are for the Visiting e., spouse, family member, travel companion,
			exceed one year. If a Visiting Scholar plans to Visiting Scholar must annually renew with the
	t shall be effective for the duration o &M resources.	f my visit, including any ex	tensions and/or the period of time I have access
	the Division of Research as a Visitin I University, and I agree with all con		at I am not to represent myself as an employee
Signature of	Visiting Scholar>	Date	
cc: Host F	Faculty Member tment Head		

Department Head
Research Dean
Autumn Biggers, Division of Research
Form 5VS September 2018

Routing Approval Instructions:

- 1. Include attachments with original form.
- 2. After form is approved by the Host Faculty Member and the Department Head, send to the Dean for approval and signature.
- 3. Dean's office will forward the signed copy to the Division of Research, Office of the Vice President for Research (OVPR) at visitingscholar@tamu.edu.
- 4. OVPR will forward an approved form for international visitors to the International Faculty & Scholar Services Office for further processing. Approved forms for U. S. citizens and lawful U.S. residents will be returned to the faculty host and other designated parties.