Instructions: This questionnaire **must** be completed by the sponsoring faculty member for all non U.S citizens or non-permanent residents. Please answer the following questions to the best of your ability. Submit this form to the Global Education Office at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Faculty/Sponsor Name: | Department: | |
| Phone: | E-Mail: | |
| Dept. Coordinator: | E-Mail: | Phone: |

|  |  |
| --- | --- |
| 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 |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Deemed Export Questions** | | | | Yes\* | | No | Unsure |
| Will the beneficiary be provided access to any controlled VCU-owned technical data or technology (hardware  or software) that is considered proprietary or confidential to VCU or any third party? | | | |  | |  |  |
| Will the beneficiary be provided access to any controlled technical data or technology (hardware or software) furnished to VCU that is proprietary or confidential to a sponsor or third party? This includes U.S.  government furnished technical data with access, publication, participation or dissemination restrictions or  other restrictive markings, as well as ITAR-controlled information, articles, and software | | | |  | |  |  |
| Will the beneficiary be provided access to any government furnished equipment, information, or software  specifically designed or developed for military or space applications? | | | |  | |  |  |
| Will the beneficiary participate in sponsored research? (If Yes, complete remaining questions) | | | |  | |  |  |
| Is the sponsored research funded in whole or in part by DoD, NASA, or defense industry sponsors? | | | |  | |  |  |
| Will the beneficiary be provided access to any ongoing DoD, NASA, or defense industry research or research  results? | | | |  | |  |  |
| Is the sponsored research export controlled or subject to access, publication, participation or dissemination  restrictions? | | | |  | |  |  |
| Will the research results be published or taught in an official VCU course or otherwise shared with the  Interested public? | | | |  | |  |  |
| List the PT/PD number of the project(s): | | | | | | | |
|  | Basic | Applied | Developmental | | Testing | | Service |
| Specify the research type: |  |  |  | |  | |  |

Work/Equipment Description:

Additional comments:

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