

Affiliate Faculty Export Compliance Questionnaire

Affiliate Faculty Name: _____

G Number (if assigned): _____

Supervisor Name: _____ Email _____

Department/Unit: _____

Please answer the following questions to the best of your ability:

1. Is the affiliate faculty in the US on a non-immigrant visa? Yes No

2. Will the affiliate faculty's work be performed in the US for the duration of the assignment? Yes No

If "no", List the country or countries where the work will be performed: _____

3. Will the affiliate faculty conduct research at Mason? Yes No

If "yes", Characterize the research to be performed (Basic, Applied, Product Development, Testing, etc.) and describe the specific purpose and technology area of the research, or state "N/A"

4. Will the research involve military, defense, intelligence, space or encryption? Yes No N/A

If "yes", please describe:

5. Will the affiliate faculty participate in Sponsored Research? Yes No N/A

If "yes", name of external sponsoring agency: _____

If "yes", GMU grant number or proposal number: _____

6. Will the affiliate faculty be provided with or have access to any information, materials, or software that is export controlled or sponsor or 3rd party proprietary or confidential? Yes No

If "yes", please describe:

7. Will the affiliate faculty be provided with any government furnished equipment, information, or software?

Yes No

If "yes", please describe:

Signature of Supervisor _____ **Date** _____

Signature of Department Chair or Dean _____ **Date** _____

~~Please complete before submitting to export@gmu.edu~~

Start date: _____ End date: _____

Affiliate faculty name screened in Visual Compliance? Yes No

Date screened: _____ Screened by: _____

If not screened, please explain: _____