

### Affiliate Faculty Export Compliance Questionnaire

*This questionnaire must be completed for all new affiliate faculty or when there is a change in activities. It is reviewed for any export compliance issues and to ensure that restricted party screening is completed. Submit to [export@gmu.edu](mailto:export@gmu.edu).*

Affiliate Faculty Name: \_\_\_\_\_ Worked at Mason previously: Yes No  
G Number (if assigned): \_\_\_\_\_ Email: \_\_\_\_\_  
Hosting Faculty Member/Supervisor Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Department/Unit: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

#### Questions 1-3 are to be completed with information from the hosting faculty member/supervisor:

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(ies) where the work will be performed/affiliate located: \_\_\_\_\_
3. Will the affiliate faculty conduct research at Mason? Yes No

**If "No" skip to question 4**

**If "Yes" complete questions a-f below:**

- a. Provide PI Name: \_\_\_\_\_
- b. Characterize the research to be performed (ex. Basic, Applied, Product Development, Testing, etc.) and describe the specific purpose and technology area of the research:  
\_\_\_\_\_
- c. Will the research involve military, defense, intelligence, space or encryption? Yes No  
**If "Yes",** please describe:  
\_\_\_\_\_
- d. Will the affiliate faculty participate in Sponsored Research? Yes No  
**If "Yes":**
  - Provide name of external sponsoring agency: \_\_\_\_\_
  - Provide GMU agreement number: \_\_\_\_\_
- e. 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:  
\_\_\_\_\_
- f. Will the affiliate faculty be provided with any government furnished equipment, information, or software?  
Yes No  
**If "Yes",** please describe:  
\_\_\_\_\_

#### Question 4 is to be completed with information from the screener:

4. Affiliate faculty name screened in Visual Compliance? Yes No
  - a. **If "yes",** date screened: \_\_\_\_\_ Screened by: \_\_\_\_\_
  - b. **If "no",** please explain: \_\_\_\_\_

Signature of Supervisor/Hosting Faculty Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Chair or Dean \_\_\_\_\_ Date \_\_\_\_\_