

**Affiliate Faculty Export Compliance Questionnaire**

**Affiliate Faculty Name:** \_\_\_\_\_

**Supervisor Name and Email:** \_\_\_\_\_

**Department/Unit:** \_\_\_\_\_

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

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

**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:** \_\_\_\_\_

**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"**

\_\_\_\_\_  
\_\_\_\_\_

**Will the research involve military, defense, intelligence, space or encryption?**

Yes  No  N/A

**If "yes", please describe:**

\_\_\_\_\_  
\_\_\_\_\_

**Will the affiliate faculty participate in Sponsored Research?**  Yes  No

**If "yes", name of external sponsoring agency:** \_\_\_\_\_

**If "yes", GMU grant number or proposal number:** \_\_\_\_\_

**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:**

\_\_\_\_\_  
\_\_\_\_\_

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

Yes  No

**If so, please describe:**

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Supervisor** \_\_\_\_\_

**Signature of the Department Chair or the Dean** \_\_\_\_\_

\*\*\*\*\* For internal use only \*\*\*\*\*

**Start date:** \_\_\_\_\_ **End date:** \_\_\_\_\_

**Affiliate faculty name screened in Visual Compliance**  Yes  No

**Date screened:** \_\_\_\_\_ **Screened by:** \_\_\_\_\_

**If not screened, please explain:** \_\_\_\_\_