

J-1 Visa Screening Form

Visa Screening Form for J-1 Visa Application

Submit this completed form together with the Exchange Visitor's current CV to:

Claudia D. Eccles, Associate Vice President for Research Compliance

Claudia.eccles@umontana.edu | 406-243-4157

Information about the proposed Exchange Visitor ("Visitor")

Name and email of the individual completing this form

Full Name of Visitor

Citizenship and permanent residency

List every country of which the Visitor is a current citizen, every country in which the Visitor holds permanent residency, and any country of which the Visitor was previously a citizen, including the United States. If a line does not apply, enter "None."

All countries of current citizenship

All countries of permanent residency

Any prior citizenship held and later relinquished or lost

UM Department (where Visitor will be working)

Host Faculty Member

Name of Visitor's UM Supervisor

Departmental contact, if other than Supervisor

Location on UM campus where Visitor will be working (building/room)

What campus locations are needed for the Visitor(s) to have access to?

Name of Visitor's home institution/organization

Website of Visitor's home institution/organization

Visitor's current position (if "Other," specify)

Proposed visit start date

Proposed visit end date

Please answer each question completely, to the best of your knowledge at this point in time

1. Most recent university or institution outside the U.S.:

2. Which J-1 exchange visitor category applies to the Visitor? (check all that apply)

- ☐ Professor
- ☐ Research Scholar
- ☐ Short-Term Scholar
- ☐ Specialist
- ☐ Student (including Student Interns)

3. The Visitor will participate in (check all that apply):

- ☐ Sponsored research

Sponsor's name

Sponsor's country

If yes, please indicate the proposal or award number(s) if known. Note that the academic visitor should not perform work on projects involving regulated data or export control restrictions.

Proposal or award number(s), if known

- ☐ Non-funded research (includes internal funding from UM)
- ☐ Research-related activities (data analysis, lab assistance, technician work, etc.)
- ☐ No exposure to research, the transfer of technical data or technology, or laboratory-related duties
- ☐ Teaching

4. What is the purpose of the visit? Describe the Visitor's planned research, education, and/or training activities at UM. A project description may also be attached.

5. Will the visiting scholar be sponsored by an external organization (i.e., salary, wages, or stipend)? If yes, please indicate the name and country of the organization.

- ☐ Yes
☐ No

Name of organization

Country of organization

6. Will the Visitor be working in the area of biomedical sciences, computer sciences, space sciences, engineering, or another scientific discipline?

- ☐ No — sign and date this form.
- ☐ Yes — check all boxes below that apply, then sign and date this form.
- ☐ The research agreement (e.g., grant or contract) on which the Visitor will be working does not restrict or prohibit the participation of foreign persons in the project.
- ☐ The research agreement on which the Visitor will be working does not restrict or prohibit the research team's right to publish any of the data or research results.
- ☐ In performing the work, the Visitor will not be provided access to:

- Technical information that has been deemed "export controlled"
- Sponsor or third-party proprietary or confidential information, materials, or software
- Encryption source code
- Equipment specifically designed or developed for military or space applications

Certification

By signing, I affirm that I am familiar with the details of the Exchange Visitor's work while at UM and hereby affirm that the contents of the foregoing are true, to the best of my knowledge, information, and belief. I further understand that failure to accurately complete this certification can result in U.S. government export control violations, for which civil and criminal penalties can be assessed against any individual found to have caused or facilitated a violation, and/or against the University of Montana.

Signature of Academic Sponsor

Date

Name and title of person signing form

Department/Institute/Center

Phone

Email

Please provide this form, together with the Visitor's CV, to the UM Export Control Office at
Claudia.eccles@umontana.edu for review and approval. Please allow up to five business days for a
response.