



Return completed form to:
Claudia.eccles@umontana.edu
Phone: 406-243-4157

Visa Screening Form for J-1 Visa Application

Information about proposed Exchange Visitor (Visitor):

Full Name: _____ Country of Citizenship: _____

UM Department (where Visitor will be working): _____

Name of Visitor's UM Supervisor: _____

Departmental contact if other than Supervisor: _____

State specifically where the Visitor will be working on UM campus (building/rooms): _____

Name of Visitor's home institution/Organization: _____

Visitor's Current Position: _____ If "Other", specify: _____

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. The Visitor will participate in:

Sponsored Research Sponsor's Name:
Non-funded research (includes internal funding from CSU)
Research related activities (data analysis, lab assistant, technician, etc.)
No exposure to research, the transfer of technical data or technology, or
laboratory related duties

3. What is the purpose of the visit? (*Describe the visitor's planned research, education and/or training activities at UM. Attach a copy of CV and/or other information regarding the Exchange Visitor. A project description may also be attached.*)

4. Is the Visitor a citizen of, or ever been a citizen of, Cuba, North Korea, Iran, Syria, Sudan, or China? YES NO

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

NO. Sign and date this form.

YES. Check all required boxes below, 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 (e.g., grant or contract) 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.

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 controls 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 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.