



VCU

VCU International Visitor Pre-Screening Form

Instructions: This questionnaire **must** be completed by the sponsoring faculty member for all international visitors to VCU, including labs. Please answer the following questions to the best of your ability. It should be submitted at least 10 business days prior to the visit. Submit this form to the Export Compliance office (exportctrl@vcu.edu) upon completion.

For the purposes of this form, an international visitor is any individual whose citizenship is not based in the U.S., who is visiting the university (not enrolled in courses or employed by the university) for reasons including, but not limited to: conducting research at the university, collaborating with university faculty on special projects, observing research, or engaging in any other educational purpose.

This form should be used to initiate the required review for international visitors who will be physically present on campus. It may also be used for international visitors to non-VCU locations in the U.S. when the visit is directly supported by, or at the invitation of VCU. Plans for international visitors should not be finalized until an approval email is received after submission of this form.

Exclusions

This form should not be used for international visitors who are processed through the Global Education Office (GEO) for sponsorship of a visa or for VCU Health Systems. Reviews for these visitors will be processed through Export Compliance Review in the ECO system.

If you have questions about this form, please contact exportctrl@vcu.edu.

Faculty/Sponsor Name:	Department:
Phone:	E-Mail:

Beneficiary Name:	Country of Citizenship:
Foreign University or Employer:	
Dates of visit (start/end):	

What is the purpose of the beneficiary's visit to VCU?
What source (government agency, institute, organization, etc.) is providing the funding for the beneficiary's visit?

Will the host department be seeking affiliate status for the beneficiary?	Yes*	No	Unsure
Will the beneficiary participate in research? If yes, please provide scope of work, need for access, and location research will be performed below.			
Do you have a current Technology Control Plan (TCP) in place with the Export Compliance Office?			
Does your research have any publication restrictions, restrictions on the hiring of foreign nationals, or confidentiality requirements?			
Is any of your research funded by the Department of Defense (or one of its offices), NASA, or defense industry?			

If you answered yes to one or more of the last four questions, please explain each answer.

Please list/describe the equipment that the beneficiary will have access to as a part of the visit:

I attest that, to the best of my ability, I have truthfully answered all of the above questions and I have full knowledge of the scope of the activity of the beneficiary.

Faculty/Sponsor Signature

Date

Department Chair signature

Date