

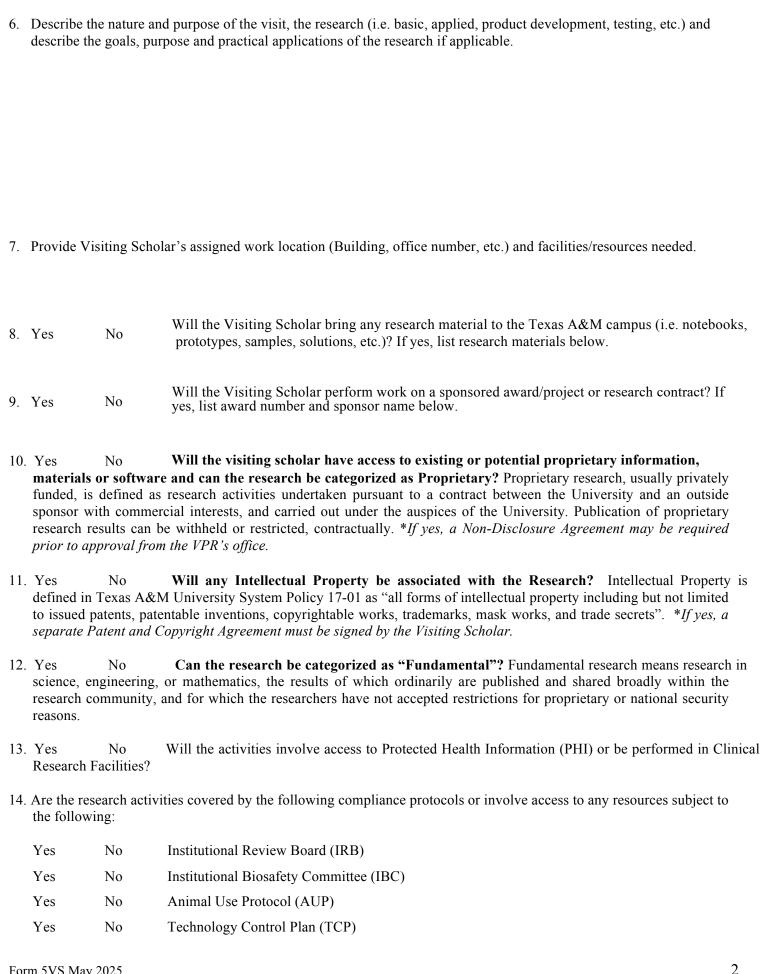
(Department, Center or Institute Name)

Visiting Scholar/International Visiting Scholar/Exchange Visitor Request Form

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| ng Sch | nolar: | • | | | | | |
|) | | Form 5VS April | | | | | |
| | Name of Current Home Insti | | 2025 | | | | |
|) | | tution or Employer: | | | | | |
| | Institution Address: | | | | | | |
| | City: | State: | (| Country: | | | |
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| | City: | State: | (| Country: | | | |
|) | Visitation Period: | | | | | | |
| | Begin: | End: | | E | xtension: | Yes | No |
|) | Other Non-Employee Affilia | tions: | | | | | |
| | Postdoctoral Fellow: Yes | No HIAS Fe | ellow: Yes | No | IPA: | Yes | No |
| | Remote Access Only: Yes | No Observer | Only (HSC & | Vet School | ol Only): | Yes | No |
| | If yes to Remote Access | Only: VPN: | Library: | _ | | | ırch |
| | | Other: | | – Compt | iting (III | RC). | |
| | Is this visitor under the age of | of 18? Yes N | lo | | | | |
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| st all so | ources of support associated w | vith this visit: | | | | | |
| |) fy sou g visit | City: Visitation Period: Begin: Other Non-Employee Affilia Postdoctoral Fellow: Yes Remote Access Only: Yes If yes to Remote Access of Is this visitor under the age of fy source(s) of support (i.e., sabbatic g visit. NOTE: Visiting Scholars Do | City: State: Visitation Period: Begin: End: Other Non-Employee Affiliations: Postdoctoral Fellow: Yes No HIAS Fellow: Yes No Observer Remote Access Only: Yes No Observer If yes to Remote Access Only: VPN: Other: Is this visitor under the age of 18? Yes No Observer Other: Is this visitor under the age of 18? Yes No Observer Other: Other: Other: Other: Is this visitor under the age of 18? Yes No Observer Other: Other: | City: State: O Visitation Period: Begin: End: Other Non-Employee Affiliations: Postdoctoral Fellow: Yes No HIAS Fellow: Yes Remote Access Only: Yes No Observer Only (HSC & If yes to Remote Access Only: VPN: Library: Other: Is this visitor under the age of 18? Yes No fy source(s) of support (i.e., sabbatical income, personal savings, grant or g visit. NOTE: Visiting Scholars DO NOT receive regular salary comper | City: State: Country: Visitation Period: Begin: End: E: Other Non-Employee Affiliations: Postdoctoral Fellow: Yes No HIAS Fellow: Yes No Remote Access Only: Yes No Observer Only (HSC & Vet School If yes to Remote Access Only: VPN: Library: High P Compute Other: Is this visitor under the age of 18? Yes No fy source(s) of support (i.e., sabbatical income, personal savings, grant or scholars givisit. NOTE: Visiting Scholars DO NOT receive regular salary compensation from | City: State: Country: Visitation Period: Begin: End: Extension: Other Non-Employee Affiliations: Postdoctoral Fellow: Yes No HIAS Fellow: Yes No IPA: Remote Access Only: Yes No Observer Only (HSC & Vet School Only): If yes to Remote Access Only: VPN: Library: High Performan Computing (HP Other: Is this visitor under the age of 18? Yes No fy source(s) of support (i.e., sabbatical income, personal savings, grant or scholarship, or emg visit. NOTE: Visiting Scholars DO NOT receive regular salary compensation from Texas | City: State: Country: Visitation Period: Begin: End: Extension: Yes Other Non-Employee Affiliations: Postdoctoral Fellow: Yes No HIAS Fellow: Yes No IPA: Yes Remote Access Only: Yes No Observer Only (HSC & Vet School Only): Yes If yes to Remote Access Only: VPN: Library: High Performance Resear Computing (HPRC): Other: Is this visitor under the age of 18? Yes No fy source(s) of support (i.e., sabbatical income, personal savings, grant or scholarship, or employer) for grant of the scholarship of the schol |

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15. If the visiting scholar is an international person (not a U.S. citizen or lawful U.S. Resident), please complete the following questions to assist in the export control assessment of the proposed visit. Please check yes or no for all of the activities contemplated during the scholar's visit, including funded work and unfunded work, with the host or other faculty members or researchers.

Yes No

- a. Will the visit involve access to or involvement on project with any of the following (check each one that applies):
 - a) Restrictions on publication (including reporting of the research results) or presentations at conferences;
 - b) Restrictions on the participation of foreign nationals; or
 - c) Export control clauses or references to ITAR/EAR?
 - d) Military end use or application?
- b. Can the research be categorized as Classified?
- c. Will the visit involve "use" or access to encryption software and will the Visiting Scholar have access to source code?
- d. Will the activities performed be related to the spread or increase of nuclear, chemical, or biological weapons or missile technology?

HOST FACULTY MEMBER:

I have knowledge of the nature of the proposed visit. The answers I have provided are true and correct to the best of my knowledge and belief. I understand that if any changes are anticipated in the nature or duration of the visit prior approval will be required. Should the Visiting Scholar become involved in an Employer/Employee relationship while at Texas A&M University, I will notify the DOR immediately. I hereby certify that I have read University SAP 15.99.99.M0.01 Visiting Scholars, Remote Collaborators, and Others Access to Texas A&M University Research, Facilities and Resources and have read System Policy 15.02 Export Control Program Management and University Rule 15.02.99.M1 Export Control Program Management. Hosting this visitor will not create a conflict of interest in accordance with University Rule 15.01.03M1 Financial Conflicts of Interest in Sponsored Research. As the Host Faculty Member, I accept the responsibilities associated with hosting a Visiting Scholar, and certify that I am not on development or sabbatical leave and will make every reasonable effort to perform the responsibilities of hosting and supervising the Visiting Scholar.

| Name: | | |
|----------------|---|--|
| Signature: | | Date: |
| Phone Number: | Email address: Email address of dep a copy of this approv | partmental personnel needing yed form: |
| APPROVAL RECOM | MENDED BY: Department | t Head (or Director, if appropriate) |
| Name: | | |
| Signature: | | Date: |

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APPROVAL RECOMMENDED BY: Dean

| Name: | | | | |
|--------------|-----------------|---|--|--|
| Signature: | | Date: | | |
| APPROV | ED BY: Divisio | on of Research | | |
| Name: | Autumn B. Big | ggers, Director | | |
| Signature: | | Date: | | |
| This section | on to be comple | eted by the Division of Research: | | |
| Yes | No | Individual passed denied person/embargoes list | | |
| Yes | No | Institution/Affiliated Organization passed denied person/embargoes list | | |
| Yes | No | Secondary Screening Conducted | | |
| Yes | No | Any restrictions, if yes, list results and explain: | | |
| Yes | No | Host Completed Export Controls & Embargo Training - Basic Course in SSO via | | |
| | | TrainTraq | | |

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Visiting Scholar Acknowledgment

| Visitor's Name: | | Host Department: | Visitor's Host: | | | |
|------------------------------------|---|---|--|--|--|--|
| Please initial or | each line to show that yo | u have read and understood each s | statement: | | | |
| | All individuals assigned under a Visiting Scholar title are subject to and are required to observe all applicable federal, state, and local laws, including, but not limited to, export control laws and regulations, and requirements of Texas A&M University Rules and Regulations, including Intellectual Property Rights and Obligations. The rules may be found at http://rules.tamu.edu/TAMURulesAndSAPs.aspx . | | | | | |
| | or obligations that may cor | afflict with the obligations of being a vith the Visiting Scholar and their or | will need to identify and report any IP rights Visiting Scholar at Texas A&M University. ganization on a separate patent and copyright | | | |
| | during the duration of the V assigned to The Texas A& Regulations, and in consider | Visiting Scholar's time at Texas A&M University System, pursuant to Te eration of the Visiting Scholar's particle of facilities provided by Texas A&M | icipation in research projects at Texas A&M | | | |
| | | ot enter into an agreement creating co &M University rules and regulations. | opyright or patent obligations in conflict with | | | |
| | regents, officers, agents, an involving the Visiting Scho | d employees harmless from any loss plar arising out of or in connection wi | d The Texas A&M University System, their claim, damage, or liability of any kind ith this assignment, except to the extent that it egents, officers, employees, or agents of Texas | | | |
| | | | approved Visiting Scholar are for the Visiting spouse, family member, travel companion, | | | |
| | | | exceed one year. If a Visiting Scholar plans to Visiting Scholar must annually renew with the | | | |
| List all sources scholarship, or e | 11 | our visit, including but not limited to | sabbatical income, personal savings, grant or | | | |
| | ment shall be effective for the exas A&M resources. | e duration of my visit, including any | extensions and/or the period of time I have | | | |
| | | a Visiting Scholar, I understand that all conditions of this assignment: | I am not to represent myself as an employee | | | |
| Signature of V | Visiting Scholar> | Date | | | | |

Routing Approval Instructions:

- 1. Include attachments with original form.
- 2. After form is approved by the Host Faculty Member and the Department Head, send to the Dean for approval and signature.
- 3. Dean's office will forward the signed copy to the Division of Research, Office of Research Security and Export Controls (RESEC) at visitingscholar@tamu.edu.
- 4. RESEC will forward an approved form to the International Student & Scholar Services Office for further processing. All forms will be returned to the faculty host and other designated parties.