H-1B Visa Export Compliance Questionnaire

Visa Be	eneficiary:	Visa Type: H-1B	
Department/Unit:			
Respor (name,	nsible Faculty/Supervisor: , title, phone, email)		
Position Number:			
	y that if the Sponsoring Agency nmediately.	, grant number, or any other information on this form changes, that I will notify (PI or Supervisor Initial here)	
	PLEASE ANSWER <u>ALL</u> C	F THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY.	
1.	a. Name of External Spob. GMU Grant Number of		
2.	 2. Will the employee be supported by any Department of Energy grants, awards or scholarships: Yes No a. If Yes, will your employee need access to any Department of Energy sites, information, or technologies? Yes No b. If Yes, provide the fund number: 		
3.	Characterize any research to b	be performed (sponsored or not and include Basic, Applied, Product Development, e specific purpose and technology area of the research:	
4.	Will the research involve milit a. If yes, please describe	ary, defense, intelligence, space, or encryption? Yes No	
5.	controlled* or sponsor or 3 rd p * (The following would <u>not</u> be con	ed with or have access to any information, materials, or software that is export barty proprietary or confidential? Yes No solutions No solutions and the public domain; the insidered export controlled: information that is publicly available/in the public domain; the for educational concepts commonly taught in colleges and universities)	
6.	Will the visa holder be provide Yes No a. If yes, please describe	ed with any government furnished equipment, information, or software?	
Signat	ure of PI or Supervisor:		
Signature of the Dean or Department Chair:			