

## VISITING SCHOLAR/RESEARCHER APPROVAL AND SCREENING FORM

\*This form must be completed each time a Visitor visits, even if the Visitor has previously visited. Please refer to the Visiting Scholar Guidelines for instructions on how to fill out the form.

Name of Host:

Name of Host Unit:

### PART I - TO BE COMPLETED BY THE HOST (IN COLLABORATION WITH THE VISITOR)

#### VISITOR INFORMATION

Full Name of Visitor:

DOB:

Country of Citizenship:

Country of Residence:

#### ACADEMICS DEGREES

Degree	Date Awarded	Institution Granting Degree, City and Country

#### HOME EMPLOYER(S)/INSTITUTION(S)

List the visitor's current institution or employer or, if he or she is not currently employed, list his or her most recent prior employer and (if applicable) the employer obligated to hire him or her upon your return. Please also submit a current CV with his or her educational and employment history.

Employer's Name & Address:

Employment Dates:

Supervisor's Name & Title:

Supervisor's Email & Phone:

#### **Description of Proposed Activity During Visit:**

List any expected outcome(s) of the visit (technique learned, publication, final report, etc.):

**Will any special equipment or items (e.g. chemicals, lasers, laboratory animals, biological agents, human subjects) be needed for the research/scholarship?**    Yes    No

If yes, explain in greater detail below and note if Host does not control the special equipment or items:

\*Note: use of such equipment or items is not guaranteed and may require additional training and/or approvals.

**Will Visitor bring any intellectual property or any proprietary or confidential information/data for use in the research/scholarship?**    Yes    No

If yes, describe the intellectual property or the information/data and who or what entity owns or controls it.

#### HOME SPONSOR(S)

**Fill in the columns with information relating to all institutions of higher education, governmental entities or private entities that are funding expenses relating to his or her visit or to his or her research/scholarship:**

Name of Sponsor Address (City, State, Country)	Describe support (Amount, purpose)	Nature of sponsor (i.e. university, governmental, NGO, private, etc.)

Please attach the documents below with this completed form:

- Curriculum Vitae (required)
- Copy of passport (required for non-US persons)
- Authorization of Criminal Background Check (required)

Other:

### SIGNATURE

I certify that the above information is correct and I authorize the verification of all information provided on this form. I also understand that my inclusion of incomplete or inaccurate information in this form may result in a delay of the approval process as well as revocation of the invitation.

Signature of Proposed Visitor:

Date:

### PART II - TO BE COMPLETED BY HOST UNIT (e.g., department, center)

**Explain in detail any ways that this visit or visitor is unique.** For example, as UTSA does not typically pay Visiting Scholars or Researchers, explain if there are any plans to pay this visitor (including travel reimbursement).

Yes

No

**Will or could information or items subject to U.S. Export Control Laws be shared with proposed Visitor in the course of his/her research/scholarship?**

If yes, please explain in greater detail:

Yes

No

**Has a Criminal Background Check been conducted?**

If CBC concerns were reported, please describe:

Yes

No

**Is the research/scholarship related to a Sponsored Program at UTSA or elsewhere?**

If yes, provide Project Title, Name of Sponsor, Name of Principal Investigator, Account Number (if held by UTSA), and role visitor has or would have on project:

Yes

No

**Does the research/scholarship include or involve the use of any existing UTSA intellectual property or proprietary or confidential information/data of UTSA?**

If yes, list the intellectual property or proprietary or confidential information/data below and who at UTSA uses/controls it.

### INITIAL APPROVALS

The following must indicate approval before further processing of a proposed Visit/Visitor.

Signature of Host Unit (e.g., department chair, center director)

Date:

Signature of Supervisor of Host Facility/Lab

Date:

### SIGNATURE OF VICE PRESIDENT FOR RESEARCH (OR DESIGNEE)

I confirm that appropriate screenings and pre-authorizations have been completed. The Host Unit is welcome to invite the Visitor if requirements described on this form, if any, are met.

Signature:

Date:

*Completed forms will be returned to the Host Unit and maintained according to the UTSA records retention schedule. If the Visitor is a non-U.S. person, a copy will be sent to the Senior International Officer.*