**EXPORT CONTROL SURVEY**

Please respond to the following questions:

Name: Dates of Travel:

Will you be traveling outside of the United States, transporting items/software/data/technology outside of the United States or to a foreign person in the U.S., or working with foreign persons?

⃝ No Please print this form, sign and date the bottom and return it to Sponsored Programs Old Main B120

⃝ Yes Please complete the rest of this survey to determine if you may need an export controls license.

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1. Will your proposed research require you to travel outside of the United States? ⃝ Yes ⃝ No

If yes, to which country (list all if more than one)? ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you collaborating with persons in a foreign country? ⃝ Yes ⃝ No

If yes, please list the name(s) and the institutional affiliation(s) of the persons with whom you will be working: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will you be working with foreign persons (faculty or students) in the U.S. on your project? ⃝ Yes ⃝ No

If yes, please list the name(s) and the institutional affiliation(s) of the foreign persons with whom you will be working: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will you be using any encrypted software in your research? ⃝ Yes ⃝ No
2. Will you be transporting any technology/items/data to a foreign country? ⃝ Yes ⃝ No

If yes, please describe the technology/items/data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will you be transporting any equipment to a foreign country? ⃝ Yes ⃝ No

If yes, please list the equipment (for example: I-pad Air -laptop computer, Apple I phone 4s- cell phone, TomTom -GPS unit), please include the make and model of each item.

7. Is the equipment owned personally by you? ⃝ Yes ⃝ No

8. Where was the equipment purchased? (What store name if possible? i.e.: Best Buy)

Please sign, date and submit this form to **Sponsored Programs Faculty Office Building N3**. If it is determined that you may need an export controls license, please contact Sponsored Programs at extension 3282 and we will work with you to further research your compliance with applicable federal regulations.

Thank you.

Signature: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_