

WVU Deemed Export Verification for Non-immigrant Visa

To be completed by Foreign National's supervisor or a designee and submitted electronically to the Export Control Office (ECO) at exportcontrol@mail.wvu.edu. If you have any questions while completing this form, please contact the ECO directly.

Name of Foreign National:

Country of Citizenship (current & prior including dual):

Country of Permanent Residence (current & prior including dual):

Visa Type: H-1B J-1 TN O-1 F-1/OPT Other (Please specify: _____)

Job Title at WVU:

Department Name hosting Foreign National:

Site of Employment:

Supervisor's Name, Telephone No., and Email:

PI's Name (if different), Telephone No., and Email:

Visa Dates: Start: _____ End: _____

Attach the job posting or another job description detailing the day-to-day duties or responsibilities. (In the event that a project is not assigned or research responsibilities change, the Supervisor or PI must contact the ECO prior to the foreign national beginning the research.)

1. Foreign National's work will be supported by:

- | | |
|--|---|
| <input type="checkbox"/> Grant (OSP Number: _____) | <input type="checkbox"/> Faculty Start-up Funds |
| <input type="checkbox"/> Contract (OSP Number: _____) | <input type="checkbox"/> Home Institution |
| <input type="checkbox"/> State Funds | <input type="checkbox"/> Self-funded |
| <input type="checkbox"/> F&A Funds | <input type="checkbox"/> Other (Please specify: _____) |

2. Foreign National's duties will be (mark all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Research (<input type="checkbox"/> Basic/Applied <input type="checkbox"/> Development) | <input type="checkbox"/> Clinical Medicine/Patient Care |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Observing |
| <input type="checkbox"/> Service | <input type="checkbox"/> Other (Please specify: _____) |

3. Will the Foreign National have access to any WVU-owned technical data or technology that is considered by WVU to be proprietary or confidential?

Yes (Please specify: _____) No

Has the technical data or technology been disclosed to the WVU Export Control Office?

N/A Yes No

4. Please list any scientific equipment or technology that the foreign national will use or have access to as part of their position at WVU.

Has any of the equipment or technology been identified as export controlled?

N/A Yes No

Certification - WVU Deemed Export Verification

- I work, or will work, in a capacity that enables me to anticipate the particulars of the employment of _____ (henceforth, “Foreign National”), a citizen of _____, should he/she be granted permission from the U.S. Government to work within WVU.
- I affirm that the contents of the foregoing verification are true, to the best of my knowledge, information, and belief.
- If at any time during Foreign National’s employment I become aware that technology or technical data has or will be released to Foreign National in a way that was not anticipated, I will immediately notify the Office of International Students and Scholars and the WVU Export Control Office.
- I will notify the Office of International Students and Scholars before the Foreign National moves to a new office or lab, or begins work activity outside the scope of the job posting or description.

Certifier (Chair or other Supervisor)

Additional Certifier (e.g. PI)

Certifier’s Title

Additional Certifier’s Title

Certifier’s Signature

Additional Certifier’s Signature

Date

Date