Export Control Worksheet:

International Collaboration Additional Collaborators

1. WMU Researcher’s Full Name from the 17-3 form:

2. Export (Project/Research) Identified on the 17-3 form:

3. International Collaborator’s Identity **(for additional collaborators complete Export Control Worksheet: International Collaboration Additional Collaborators 17-3a)**:

 a. Full Name:

 1. Any other name(s) to be known by:

 2. Home Address: Street:       City:       Country:

 3. email:       / Cell:       / Office:

 a. University/Employer/Organization:

 1. Full Name:

 2. Address: Street:       City:       Country:

 b. Full Name:

 1. Any other name(s) to be known by:

 2. Home Address: Street:       City:       Country:

 3. email:       / Cell:       / Office:

 b. University/Employer/Organization:

 1. Full Name:

 2. Address: Street:       City:       Country:

 c. Full Name:

 1. Any other name(s) to be known by:

 2. Home Address: Street:       City:       Country:

 3. email:       / Cell:       / Office:

 c. University/Employer/Organization:

 1. Full Name:

 2. Address: Street:       City:       Country:

4. I declare the information contained in this document is accurate to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Host |  |  |  |
| Signature:  |  | Date: |  |
| Chair, Director, Dean, or Associate Dean |
| Signature: |  | Date: |  |
| Print: |       |  |  |

**Scan the completed form, then email to ovpr-export-control@wmich.edu.**