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.**