Export Control Worksheet:

International Travel for Western Michigan University Activities

1. Traveler Identity:

a. Full Name:

b. College:       / Department:

c. eMail:       / Cell:       / Office:

2. Country/Countries traveling:

a. Dates of travel:       to

b. Universities/Businesses will/may be visiting:

3. Purpose of travel:

**If purpose of travel is Research, complete the Export Control Worksheet: International Collaboration 17-3.**

4. Certification:

a. I understand that presentations, lectures, teachings, conferences and discussions I participate in must be limited to topics that are NOT related to any U.S. item (i.e., any commodity, software, technology, or equipment) or information unless it is already published or otherwise in the public domain.

b. I will not take any U.S. item that falls into one of the following categories:

* Classified, Controlled Unclassified, or Export Controlled
* Limited distribution, proprietary, confidential, or sensitive
* Specifically designated for the military, intelligence, space, encryption software, or nuclear-related applications
* Data or information received under a non-disclosure agreement (NDA) or other contractual constraints on the distribution of research results
* Computer software received with restrictions on export to or on access by foreign persons

c. I declare the information contained in this document is accurate to the best of my knowledge. I recognize my responsibilities in complying with federal regulations and WMU policies governing export control.

d. I declare that all activities in which I participate will be conducted in accordance with federal regulations and WMU policies governing export control.

* Prior to deviating from the original scope of this travel into any activity that may require export controls, I will complete and submit for review the **Export Control Worksheet: International Collaboration 17-3.**
* If during the course of this travel, unanticipated events in terms of export control occur or may occur, I will report them to WMU’s Export Control Officer immediately.

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

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