

**Academic Application for Visiting Scholars**

Thank you for your interest in serving as the host faculty for a Visiting Scholar at Montclair State. This form guides host faculty through the process of securing information, attachments, and approval signatures. Those seeking to become a host faculty for the visiting scholar should note that they, not the actual visiting scholar, will need to complete this form and write up the research/teaching/project proposal of 750 to 1000 words. Additionally, as you move through the academic approval process, please share the proposed visiting scholar’s C.V. with your Chair and your Dean when you request signature, so they can make an informed decision. Please begin this application as far in advance as possible, at the very latest **four months prior** to the **proposed start date**. This provides time for academic and export control review.

**Host faculty’s name** ………………………………………………

**Title**  ………………………………………………

**Email** ………………………………………………

**Department** ………………………………………………

**Phone number** ………………………………………………

**Scholar’s name** ………………………………………………

**Title** ………………………………………………

**Email** ………………………………………………

**Place of employment** ………………………………………………

**Highest degree** ………………………………………………

**Please confirm that you will attach the C.V. of the proposed visiting scholar for your Chair and Dean to consider along with this application document: ⃞**

**Purpose of visit:** Teaching ……Research …..Teaching & research …..

Other (please describe): ……………………………….

**Please list** [**the 6-digit CIP code**](https://nces.ed.gov/ipeds/cipcode/) **which best matches the scholar’s work:** …………….

**Add any relevant details about grants/funding related to the scholar's proposed visit:**

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Proposed start date ..…….. Proposed end date ..………

(host faculty should finish this Academic Application as early as possible,

at a minimum **4 months prior to the proposed start date**)

**Research/Teaching/Project Proposal** (from 750 to 1000 words)

Written by the host faculty member, this must address three criteria, in order:

1.     Summarize the research/teaching/project proposal, providing as many specific details as possible about what the visiting scholar will actually do while at MSU.

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2.     Explain how this visit will benefit and advance the scholar’s research and/or teaching agenda.

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3.     Explain how this visiting scholar’s time here will benefit student success, with specific details about foreseeable benefits to students, the host department, colleges, university, and community. Given that the J-1 Exchange Visitor program is intended to promote “mutual understanding between Americans and citizens of other countries”, this section can feature proposed public talks, discussions, and presentations at Montclair State University, in the community, or in the region.

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**Export Control Questionnaire**

*Your answers to the following questions will be used to determine if your college/department will need to apply for an export license for the visiting scholar/visitor. There is NO cost in applying for an export license. However, it can take up to 6 months to receive a license from the Department of Commerce.*

1. Will the potential scholar/visitor have access to any laboratory at MSU? (YES) (NO)

*If YES, please provide location. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*If NO, please skip to question 3.*

2. Please list any equipment, materials, or substances in the laboratory which the potential Scholar/Visitor will have access to.

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*Please reference the following* [*Commercial Control List*](https://www.bis.doc.gov/index.php/regulations/commerce-control-list-ccl) *set forth by the U.S Department of Commerce.*

3. Will the potential Scholar/Visitor be working on materials obtained under a Materials Transfer Agreement (other than the Uniform Biological Materials Transfer Agreement)? (YES) (NO)

*If YES please provide award numbers*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Will the potential Scholar/Visitor be working on corporate sponsored research? (YES) (NO)

If YES please provide award numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Will the potential Scholar/Visitor have access to MSU computer network? (YES) (NO)

6. Will the potential Scholar/Visitor be assigned a campus user name and password? (YES) (NO)

7. Has your Data Security Officer for the college/department been notified of this request? (YES) (NO) (N/A)

8. Will the potential Scholar/Visitor be involved in a project that has a Technology Control Plan or Data Security Plan in place? (YES) (NO)

*If yes, please ensure you work with your Dean and/or IT specialist on this request.*

9. Will the Scholar/Visitor be involved in any project that is proprietary in nature? (YES) (NO)

10. Will the Scholar/Visitor be involved in any project that has publication and/or dissemination restrictions? (YES) (NO)

11. Will the Scholar/Visitor be involved in any project that has an implied or applied specific military purpose? (YES) (NO)

12. Will the Scholar/Visitor be involved in any project that requires foreign national approval by sponsor (or stipulates that NO foreign nationals allowed)? (YES) (NO)

13. Will the potential Scholar/Visitor be working with high-tech or experimental equipment? (YES) (NO)

*(Examples would be high-speed computers, sensors, materials, electronics, lasers, telecommunication devices or other cutting-edge equipment) If yes, please attach a list of the equipment being used.)*

14. Will the potential Scholar/Visitor be working on other projects not administered as corporate sponsored research or a Materials Transfer Agreement which involve data, knowhow, software or equipment of a technical nature? (YES) (NO)

*If YES please explain:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Depending on your answers to the above questions, the Export Control Officer will notify you if the Scholar/Visitor is subject to any restrictions based on their country of origin.**

*Please note: the host is responsible for ensuring that the visitor completes "Right to Know" laboratory safety training with Environmental Health and Safety or their designee, completes any other applicable lab trainings, and completes all lab work in a safe and ethical manner.*

**Department Chair E-signature Date**

……………………. ……………………. …………………….

**Dean E-signature Date**

……………………. ……………………. …………………….

**After securing Chair and Dean signatures, the host faculty member should submit three attachments via email to the Office of Research:**

1. **This Academic Application form, fully completed on pages 1-3 with the signatures and dates of Chair and Dean completed above.**
2. **A digital scan of the proposed visiting scholar’s passport (for export control)**
3. **A digital copy of the proposed visiting scholar’s C.V. (for export control)**

**The email should be sent to** [**bazylewiczk@montclair.edu**](mailto:bazylewiczk@montclair.edu) **and** [**romaina@montclair.edu**](mailto:romaina@montclair.edu)**,**

**with a cc. to** [**whitet@montclair.edu**](mailto:whitet@montclair.edu) **and** [**gigantinoa@montclair.edu**](mailto:gigantinoa@montclair.edu)**.**

**Colleagues Kimberly Bazylewicz and Allisun Romain will complete Export Control review, sign and date, and then pass the fully completed application along to Dr. Tim White,** [**whitet@montclair.edu**](mailto:whitet@montclair.edu) **and Dr. Katia Paz Goldfarb,** [**goldfarbk@montclair.edu**](mailto:goldfarbk@montclair.edu)**.**

**Anyone with questions is invited to email** [**whitet@montclair.edu**](mailto:whitet@montclair.edu) **anytime.**

**Export Control E-signature Date**

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**I.A.I./Dr. Katia Paz Goldfarb  E-signature Date**

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