

**Academic Application for Visiting Scholars**

We are so pleased that you are interested in serving as the host faculty for a Visiting Scholar at Montclair State. To initiate your request, please email whitet@montclair.edu to alert us that you are beginning the process. When the application below is complete, including the proposal of 750 to 1000 words, please share it along with the **C.V. of the proposed visiting scholar** with your Department Chair and then your Dean for review and e-signature. After the Dean’s signature, please add a third attachment, a **scan of the proposed scholar’s passport**, and then email the application, C.V. attachment, and passport scan attachment to whitet@montclair.edu. Please begin this application as far in advance as possible, at a minimum **four months prior** to the **proposed start date**, providing 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 begin 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 the Dean’s signature, the proposed host faculty member should get a digital scan of the visiting scholar’s passport and attach it along with this application document and the CV attachment, in order for this application to be complete.**

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

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**Export Control E-signature Date**

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