Export Control Certification
For departments interested in hosting J-1 or H-1B Visiting Scholars

Statement of Affirmation
To be completed by the department

Regarding Employee/Scholar (please write name):

By signing this certification, I confirm that I have reviewed the United States Munitions List (as documented in Part 121 at http://www.access.gpo.gov/nara/cfr/waisidx_06/22cfr121_06.html) and the Commerce Control List (as documented in Part 774, Category 0 through Category 9 at http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=b54680936ca785e237be939db7e5685b&tpl=/ecfrbrowse/Title15/15cfr774_main_02.tpl), and believe that the topics and issues that aforementioned Employee/Scholar will be working on and exposed to in the course of his/her exchange program with the University of Delaware:

☒ are included among the designated articles and/or services controlled by the Arms Export Control Act (22 U.S.C. 2778) and the Export Administration Act (50 U.S.C. 2401)

☒ are not included among the designated articles and/or services controlled by the Arms Export Control Act (22 U.S.C. 2778) and the Export Administration Act (50 U.S.C. 2401)

Source of Funding
This proposed visiting scholar will be funded by:

Award or Proposal Number (if applicable): ________________________________

Sponsor Agency, Personal Funds or University Source of funding: ________________________________

Should this visiting scholar’s funding source or work assignment change, I agree to review the Munitions List and the Commerce Control List again at that time and to notify the University Export Control Office and the Office for International Students and Scholars should Export Controls become applicable. I further agree to monitor the Munitions List and the Commerce Control List on a quarterly basis for changes that may encompass this particular research or the by-products of this research.

PI/Sponsor

Name: ___________________________ Signature: ___________________________ Date: __/__/____

Concurrence of Chairperson(s)

Name: ___________________________ Signature: ___________________________ Date: __/__/____

Concurrence of College Dean’s Office(s)

Name: ___________________________ Signature: ___________________________ Date: __/__/____

Acceptance by Empowered Official

Name: ___________________________ Signature: ___________________________ Date: __/__/____