## **Host Information Questionnaire**

This questionnaire is required to give Collaborating Visitor, as defined in CMU's Collaborating Visitor Guidelines, access to any of CMU's domestic campuses and locations (Pittsburgh, Silicon Valley, and other U.S. locations) EXCLUDING visitors to the Software Engineering Institute (SEI). SEI has separate processes for screening visitors that must be followed.

This questionnaire should not be used if the individual is (or will be at the time of the "visit") enrolled as a student at CMU or being paid by CMU.

**This questionnaire must be submitted at least thirty (30) days in advance of a Collaborating Visitor's anticipated visit. If the Collaborating Visitor will need immigration documents from CMU, this questionnaire must be submitted at least sixty (60) days in advance. A Collaborating Visitor is only authorized access to CMU's U.S. campuses and locations AFTER the CMU Visitor Coordinator has sent formal approval of the visit on behalf of CMU.**

This questionnaire must be completed by an individual knowledgeable about the prospective Collaborating Visitor and their proposed visit, including the technical nature of any intended work the visitor may perform while at CMU. The Collaborating Visitor Guidelines provide details regarding inviting and hosting Collaborating Visitors at CMU. Having accurate information is critical to ensure compliance with U.S. export laws and regulations, the Fair Labor Standards Act, Immigration laws, U.S. Department of Labor laws, as well as University policies and procedures, and a prompt review and approval for the Collaborating Visitor.

Please answer all questions as completely as possible for your application to be processed in a timely manner.

| **4. Visit Information** | |
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| **4.1** Will the Collaborating Visitor be completing their visit remotely? | **[\_] Yes [\_] No**  **4.1.1** If **Yes**, in what country will the Collaborating Visitor be conducting their remote research? |
| **4.2.** Purpose of Visit (Please provide a detailed description of any research work the Collaborating Visitor will conduct while on campus, including project purpose and goals. Please use at least 3-5 sentences in your answer. You may attach a file if necessary in the file upload section below.) | Purpose of the visit… |
| **4.3.** Does the faculty host/sponsor intend to publish the result of the collaboration with the Collaborating Visitor? | **[\_] Yes [\_] No**  **4.3.1.** If **No,** please describe why the faculty host/sponsor does not intend to publish. |
| **4.4** What is the proposed period of the visit? (Start date must be at least 30 to 90 days from submission date depending on need for immigration documents.) | | **Start Date:** |  | **End Date:** |  | | --- | --- | --- | --- | |
| **4.5**  Have the initial visit dates been modified from a previously submitted Collaborating Visitor Case request? | **[\_] Yes [\_] No**  **4.5.1** If **Yes**, please provide the original and the revised dates. |
| **4.6** What is the Collaborating Visitor’s proposed campus location? | **[\_] Pittsburgh [\_] Silicon Valley [\_] Remote Visit  [\_] Other Us Location** |
| **4.7**  What is the building, floor, room/office where the Collaborating Visitor will be assigned to while on campus? |  |
| **4.8** Will the Collaborating Visitor take CMU classes during his/her visit? | **[\_] Yes [\_] No**  **4.8.1** If **Yes**, please describe coursework |
| **4.9.**  Will the Collaborating Visitor be using potentially hazardous equipment or materials and require training by EHS? (Please refer to the to the [Environmental Health & Safety website](https://www.cmu.edu/ehs/Laboratory-Safety/index.html) for more information on Laboratory and Research Safety) | **[\_] Yes [\_] No**  **4.9.1.** If **Yes**, please describe potentially hazardous equipment or materials |
| **4.10.** Is this visit the result of an unsolicited request? | **[\_] Yes (Unsolicited Visitor Request)  [\_] No (Host Solicited Visitor Request)**  **4.10.1.** If **No (Host Unsolicited Visitor Request),** how does the faculty sponsor know the potential visitor (met at conference; email; referred, etc.)?  **4.10.2.** If **Yes (Unsolicited Visitor Request)**, how did the potential visitor make contact with the faculty sponsor |
| **4.11.** Has the CMU faculty sponsor worked or collaborated with the Collaborating Visitor on research in the past and/or developed IP together? | **[\_] Yes [\_] No**  **4.11.1.**  If **Yes**, please describe past collaborations. |
| **4.12.** Will the Collaborating Visitor be working on their own research or a specific CMU project? | **[\_] Own Research [\_] CMU Project** |
| **4.13.** Will the Collaborating Visitor have access to any export controlled information or materials? | **[\_] Yes [\_] No [\_] Unsure**  **4.13.1.** If **Yes or Unsure**, please describe the export controlled information or materials. |
| **4.14.** Will the Collaborating Visitor need to access data that may contain sensitive and/or private information? | **[\_] Yes [\_] No [\_] Unsure**  **4.14.1.** If **Yes or Unsure**, please describe the sensitive and/or private data. |
| **4.15.** Will the Collaborating Visitor be using CMU generated Human Subjects Data that involves: De-identified Data, Personal Identifying Information (PII), or Protected Health Information (PHI)? | **[\_] Yes [\_] No [\_] Unsure**  **4.15.1.** If **Yes or Unsure**, please describe the Human Subjects Data. |
| **4.16.** Are there any existing technology control plans (established formal processes and procedures to ensure that technology, data, or information are not disclosed to unauthorized individuals or exported without a license) in the area the Visitor will be working? | **[\_] Yes [\_] No [\_] Unsure**  **4.16.1.** If **Yes or Unsure**, please provide explicit details of any technology control plans (TCPs): (You may upload files in the Related Documents Section) |
| **4.17.** Will the Collaborating Visitor be paid? | **[\_] Yes [\_] No**  **4.17.1** If **Yes**, please describe the pay structure(hourly, stiped, other) |

| **5. Collaborating Visitor Type Information** | |
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| **5.1.** Please select Visitor Type: | **[\_] Student Visitor:** Visiting student enrolled at a non-profit educational institution other than CMU that will be working on independent research.  **[\_] Academic/Non-Profit Visitor**: Visiting employee from a non-profit educational institution or 501(c)(3) nonprofit organization.  **[\_] Company Visitor**: Visiting employee of a company/organization (other than a 501(c)(3) organization).  **[\_] Unpaid Intern**: Additional questions below will help with this determination.  **[\_] Other:** Visitors who do not fall under the other listed categories. |

| **Unpaid Intern / HR Questions**: The following questions are used to determine whether the Visitor qualifies as an Unpaid Intern. Additional guidance on these questions and on unpaid internships may be found at https://www.cmu.edu/hr/career/managers/recruiting-staffing/interns/" (Andrew ID required).  **Note:** Please select "No" or enter "NA" to any question that does not apply. | |
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| **5.2.** The visit provides training that would be similar to that which would be given in an education environment (e.g. clinical experience; hands-on training; practical application of material taught in the classroom; and/or opportunities to learn a skill, process or business function). | **[\_] Yes [\_] No** |
| **5.3.** Please describe the learning and development objectives of the visit. This description may be included in the internship offer letter provided to the intern. |  |
| **5.4.** The work performed in the internship is connected to the intern’s formal education program (at CMU or at another institution) via integrated coursework or the receipt of academic credit. | **[\_] Yes academic credit from CMU**  **[\_] Yes, credit from another institution**  **[\_] Yes, integrated coursework**  **[\_] No**  **5.4.1.** If **Yes, credit from another institution**, please describe the credit from another institution.  **5.4.2.** If **Yes, integrated coursework**, please specify the integrated coursework. |
| **5.5.** The intern is required to prepare a report of his/her experiences during or after the internship. | **[\_] Yes [\_] No** |
| **5.6.** The overall duration and daily schedule of the internship accommodates the intern’s academic commitments by corresponding to the intern’s academic schedule (e.g. the internship takes into account the intern’s class schedule and/or occurs during summer breaks or semester breaks). | **[\_] Yes [\_] No** |
| **5.8.** The work to be performed by the intern is primarily for the benefit of the intern (e.g. the work performed is primarily for the purpose of learning as opposed to performing tasks that primarily benefit the university and/or the supervisor). | **[\_] Yes [\_] No** |
| **5.9.** The intern will work under close supervision by staff or faculty. | **[\_] Yes [\_] No** |
| **5.10.** The majority (i.e. greater than 50%) of the internship will be spent shadowing employees and/or learning and developing skills. | **[\_] Yes [\_] No** |
| **5.11.** The intern will not displace regular employees (i.e. the intern will not perform work that is substantially similar to work performed by paid employees of the university). | **[\_] Yes (An employee will not be displaced)**  **[\_] No (An employee will be displaced)** |
| **5.12.** The intern will not receive any wages or other financial compensation for time spent in the internship. | **[\_] Yes (Wages will not be received)**  **[\_] No (Wages will be received)** |
| **5.13.** The intern is not entitled to a job upon completion of the internship. | **[\_] Yes (The intern is not entitled to a job)**  **[\_] No (The intern is entitled to a job)** |

| **6. OSP Questions** | |
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| **6.1.** Is the work to be performed by the Collaborating Visitor being conducted under any sponsored research project such as a grant, contract, federal award, or internally funded research? | **[\_] Yes [\_] No**  **6.1.1.** If **Yes**, please provide award information (Oracle Number, A####, OSP####, FP####), funding source, and project names: |
| **6.2.** Is the work to be performed by the Collaborating Visitor related to a formal CMU program and/or governed by a separate written agreement (consortium, use of a recharge center, etc.) whose scope includes visitors? | **[\_] Yes [\_] No**  **6.2.1** If **Yes**, please describe: |
| **6.3.** Will the Collaborating Visitor have access to, or be provided with, any CMU confidential and/or CMU proprietary information including any potentially patentable information / technology or CMU background IP? | **[\_] Yes [\_] No**  **6.3.1.** If **Yes**, please describe access to CMU confidential and/or CMU proprietary information. |
| **6.4.** Will the Collaborating Visitor have access to, or be provided with, any third party confidential and/or proprietary information? | **[\_] Yes [\_] No**  **6.4.1.** If **Yes**, please describe access to any third party confidential and/or proprietary information. |
| **6.5.** Will the collaborating Visitor work on any NASA funded research or have access to any NASA funded research? | **[\_] Yes [\_] No**  **6.5.1.** If **Yes**, please describe NASA related work. |
| **6.6.** Is this an NSF or REU program? | **[\_] Yes [\_] No**  **6.6.1.** If **Yes**, please describe the program. |

| 7. FCPA Questions | |
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| **7.1.** Does the CMU department hosting/sponsoring the Collaborating Visitor normally charge a fee to the Collaborating Visitor or the Collaborating Visitor’s home institution? | **[\_] Yes [\_] No**  **7.1.1.** If **Yes**, please indicate the amount of the fee.  **7.1.2.** If **Yes**, If a fee is normally charged to Collaborating Visitors or the Collaborating Visitor’s home institution, will the fee be charged to this particular Collaborating Visitor?  **[\_] Yes [\_] No**  **7.1.2.1** If **Yes**, Please indicate the amount of the fee to be charged and, if applicable, explain any waiver or reduction of the normal fee: |
| **7.2.** Do you anticipate that CMU will reimburse the Collaborating Visitor for any expenses incurred during the Visit? | **[\_] Yes [\_] No**  **7.2.1.** If **Yes**, please describe any reimbursement |

| 8. Optional Information | |
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| **8.1.** GL String for any related processing charges (visas, etc.) |  |
| **8.2.** Insurance Information for Interns |  |
| **8.3.** Please list specific clauses for inclusion in the offer letter |  |
| **8.4.** Additional comments to CMU Collaborating Visitor Support |  |