



OFFICE OF RESEARCH ADMINISTRATION & ADVANCEMENT
FOREIGN PERSON SCREENING

Foreign Person's Full Name*
(as on their passport)

Country of Citizenship*

Foreign Person's Employer/Affiliated
Institution Name*

Foreign Person's Employer/Affiliated
Institution Address*

Name of UM Faculty
Host/Investigator*

Faculty Host Email Address*

Host Department (Unit Code)*

Will foreign person be appointed as a regular employee?* Yes No

Dates of Visit/Appointment* to

FRS Account # that foreign person will be paid from (if applicable)

Technical Scope of the research in which the foreign person will be
participating/collaborating* (250 characters only)

Will family members be accompanying foreign person?* Yes No

If Yes, please include name and country of citizenship of each member.

Comments

Note:

*(a) Fields marked * are required*

Office of Research Administration and Advancement
3112 Lee Building, College Park, MD 20742-5141
Phone: +1 (301) 405-6269 Fax: +1 (301) 314-9569

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