



Visiting Scholar/Researcher/ Fulbright EMPLID/EUID Request & Security Acknowledgment Form
Office of the Provost and Vice President for Academic Affairs

Please use this form to request the setup of an EMPLID (employee ID number) and EUID (employee user ID) for a Visiting Scholar/Researcher. This setup will not create a payroll appointment, thus no compensation will result from this setup. This form is to be completed by the hosting department and then signed by the hosting department faculty, the visiting scholar, Dept. Chair, and Dean.

In addition to submission of the VPAA-40a, the unit host for any proposed visiting scholar must ensure that the proposed visiting scholar has completed the Confidential Disclosure Agreement & Visiting Scholars Agreement with Research Integrity and Compliance office.

Please send this form and a copy of the visiting scholar’s government issued ID such as passport/visa/US DL to Academic Resources at Academic.Resources@unt.edu. For security purposes, use **#secure** in the subject line **when submitting through email**. You will receive an email confirmation upon completion. Note: The individual should go to <http://ams.unt.edu> to activate their EUID and change the password (even though the password was never known) before it can be used in any system. The individual will also be assigned a PIN number to activate their EUID. Upon notification, the visiting scholar and a department employee will need to come to the Provost Office with identification to pick up the PIN number.

<i>For VPAA Use Only</i>
EMPLID Assigned:
EUID Assigned:
PIN Assigned:

Departmental Information	
Contact Name	
Contact Phone/Email	
Sponsoring UNT Faculty Name (If different from contact name)	
Department Name	
Department ID	
Date Requested (MM/DD/YYYY)	
Extension/Reactivation of EUID *Must be approved by Dept. Chair/Dean. Please provide previous or current EMPLID/EUID and new end date.	
Visiting Scholar/Researcher Information	
<i>All fields below are required. Information must be complete and accurate. Please match name to ID/passport. If completing this form for an International Visiting Scholar, please be sure to use approved start and end date from authorized international forms such as DS-2019 or I-20.</i>	
Given/First Name	
Middle Name	
Surname/Last Name	



Gender	
Date of Birth (MM/DD/YYYY) * If this visitor is under the age of 18, please review policy: Age Limitations – 05.003	
Approved Start and End Dates (MM/DD/YYYY – MM/DD/YYYY) *Reviewed annually	
International (Y/N)	
IF US Citizen/Permanent Resident – Provide Last 5 Digits of SSN	
IF International – Provide Country, Visa Type/Class, & Passport Number	
Name of Home Institution	
What type of access will be needed And why?	
Will research be conducted on or off campus? (Please provide Off-Campus location/Address)	
Identify source(s) of support (i.e., personal savings or income, grant or scholarship, or employer) for Scholar during Visit. NOTE: Visiting Scholars DO NOT receive regular salary compensation from University of North Texas:	
a) Source of Support	
b) Research Grant/Contract/ Award Number of applicable	
c) Support will be provided directly to UNT, Visitor, and/or Both	
d) Please state the visiting scholars area of expertise or training	
E) Will the Visiting Scholar perform work on a sponsored project?	Yes <input type="checkbox"/> No <input type="checkbox"/> IF yes please provide what the sponsored project will be down below.



Please provide a brief description of the nature and purpose of the visit, the research (i.e. basic, applied, product Development, testing, etc.) And describe the goals, purpose and practical applications of the research if applicable.

Where will the visiting scholar be performing the work? Provide specific labs/rooms/areas surrounding the working space.

What other projects/work will be conducted in the lab/space that the visiting scholar will have access to? Please list all other projects/work that will be taking place in the lab for the duration of the visiting scholar's time.

Are the research activities covered by the following compliance protocols or involve access to any resources subject to the following:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Institutional Review Board (IRB): UNT Policy 13.004
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Institutional Biosafety Committee (IBC)
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Institutional Animal Care and Use Committee (IACUC)
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Technology Control Plan (TCP)
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Export Controls: UNT Policy 13.010
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Protected Health Information (PHI): UNT Policy 07.010
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Research Intellectual Property: UNT Policy 08.003

Will the visit involve access to or involvement on project with any of the following:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	a) Restrictions on publication (including reporting of the research results) or presentations at conferences; or
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	b) Restrictions on the participation of foreign nationals.
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Can the research be categorized as "Classified" or "Controlled Unclassified Information"?



Table with 2 rows and 2 columns. Row 1: Will the visit involve "use" or access to encryption software? Row 2: Will the activities performed be related to the spread or increase of Nuclear, chemical, or biological weapons or missile technology?

Eagle Alert Emergency Notification

By checking the box to the left, you will be enrolled in the university's campus-wide emergency notification system (Eagle Alert). Emergency notifications will be sent to the US phone number listed below. For additional information concerning the Eagle Alert System, please visit: UNT Eagle Alert Webpage.

Non-Employee's U.S. Phone Number: (Required for Eagle Alert)

Non-Employee's Email Address: (Required for Eagle Alert)

Non-Employee's Preferred Language: (Required for Eagle Alert)

Send Alerts as Text Message (Standard messaging rates may apply)

TTY/TDD Enabled

Non-Employee Acknowledgement of Responsibilities:

Your use of University of North Texas System computing resources constitutes an explicit and binding agreement to abide by relevant federal and state laws and UNT System, UNT Denton, UNT Health Science Center, and UNT Dallas policies. Violations can result in loss of visiting scholar privileges, severe penalties and possible criminal prosecution.

By using UNT System resources, you agree that you understand the following:

- * Unauthorized use of computing resources or information is prohibited.
* Use of institutional resources or information is subject to review and disclosure in accordance with the Texas Public Information Act and other laws.
* You have no reasonable expectation of privacy in regard to any communication or information you store on UNT System resources.
* Use of UNT System and information resources constitutes your consent to security monitoring and testing and administrative review.
* Use of computing resources or information must be limited to justifiable computing activities.
* You must follow all computing policies or standards established by the institution or agency hosting or providing the computer service.



* Your access to computing resources or information may be removed if violations of this agreement occur or upon termination of this agreement.

*Institutional Policies & Additional Link to Review:

University of North Texas System: <https://www.untsystem.edu/policies>

University of North Texas: <https://policy.unt.edu/>

University of North Texas Health Science Center: <https://www.unthsc.edu/administrative/institutional-compliance-office/unt-health-science-center-policies/>

University of North Texas Dallas: <https://president.untdallas.edu/university-policies>

VP for Research and Innovation Policies: <https://policy.unt.edu/policy-manual>

Non-Employee Name (Print): _____

Non-Employee Signature: _____ Date: _____

Hosting Department Faculty Member’s Responsibilities and Authorization:

The UNT System employee, or contact, who is requesting network access for a guest is responsible for the actions of that guest and for requesting termination of access on the date listed on this form. In addition, the hosting department is responsible for monitoring and auditing computer access and for ensuring that the compliance requirements noted in section I are adhered to.

I have knowledge of the nature of the proposed visit. The Department Chair is aware of the proposed visit and research. The answers I have provided are true and correct to the best of my knowledge and belief. I understand that if any changes are anticipated in the nature or duration of the visit prior approval will be required. Should the Visiting Scholar become involved in an Employer/Employee relationship while at University of North Texas, I will notify the Office of the Provost and Vice President for Academic Affairs immediately. I hereby certify that I have read the University of North Texas Visiting Scholar Procedure and the [VP for Research and Innovation Policies](#), which include [Policy 13.010 Export Controls](#). Hosting this visitor scholar will not create a conflict of interest in accordance with [Policy 13.005 Conflict of Interest for Sponsored Projects](#). As the Hosting Department Faculty member, I accept the responsibilities associated with hosting a Visiting Scholar, and certify that I am not on leave and will make every reasonable effort to perform the responsibilities of hosting and supervising the Visiting Scholar.

Hosting Dept. Faculty Name (Print): _____

Hosting Dept. Faculty Signature: _____ Date: _____

Hosting Dept. Chair (Print): _____

Hosting Dept. Chair Signature: _____ Date: _____

Hosting Dept. Dean (Print): _____

Hosting Dept. Dean Signature: _____ Date: _____