


HIO REGISTRATION FORM



HARVARD
International Office

Please complete the information in this section:

Today's Date (MM/DD/YYYY): <input style="width:100%;" type="text"/>	Harvard School/Department/Hospital Affiliation: <input style="width:100%;" type="text"/>	Harvard ID# (if known): <input style="width:100%;" type="text"/>
Personal Information (<i>MUST</i> match the information in your passport):		Date of Birth (MM/DD/YYYY): <input style="width:100%;" type="text"/>
Last (Family) Name(s): <input style="width:100%;" type="text"/>	Given (First and Middle) Name(s): <input style="width:100%;" type="text"/>	
Contact Information:		
U.S. Residential Address (if known):		If you do not yet have a U.S. address, check this box: <input type="checkbox"/>
<i>You must report any changes to your address, phone number or email via the HIO website within 10 days of the change.</i>		
Street Number and Name OR Dorm Name and Room Number: <input style="width:100%;" type="text"/>		Apartment/Unit Number: <input style="width:100%;" type="text"/>
City: <input style="width:100%;" type="text"/>	State: <input style="width:100%;" type="text"/>	Zip/Postal Code: <input style="width:100%;" type="text"/>
U.S. Phone Number (if known): <input style="width:100%;" type="text"/>		
Harvard Email Address (if known): <input style="width:100%;" type="text"/>		Personal Email Address: <input style="width:100%;" type="text"/>
Visa Information (not applicable to Canadian citizens):		
(A) Visa Classification: <input style="width:100%;" type="text"/>	(C) Issue Date: <input style="width:100%;" type="text"/> (MM/DD/YYYY)	
(B) Entries M <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(D) Expiration Date: <input style="width:100%;" type="text"/> (MM/DD/YYYY)	
(please check one box)		
May we have permission to give your name and email address to other Harvard students and scholars from your home country? Yes <input type="checkbox"/> No <input type="checkbox"/>		
For J-1 visa holders only: <i>I am aware that U.S. government regulations require that both I and my dependents in J-2 status maintain qualifying health insurance at all times while in the United States. I understand that it is my responsibility to comply with this requirement.</i> Signature of J-1 visa holder: <input style="width:100%;" type="text"/>		

For HIO office use only – Do not write in this section:

Advisor Notes: _____

212(e) for J-1 visa holders: subject not subject SEVIS validated: yes n/a

OPT Dates: From _____ to _____ NED sent: yes n/a

(Make a copy of EAD card front and back) Hold removed: yes n/a

Not SEVIS responsible (Make a copy of visa documents)

Sponsored by: _____ SA date stamp and initials:

If you have dependent family members who will travel or have already traveled to the U.S., please fill out the back page of this form.

Registration Form – Dependent(s) Information

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Family/Last Name(s)				
First/Given Name(s)				
Date of Birth (MM/DD/YYYY)				
Street Address Line 1				
Address Line 2				
City/State/Postal Code				
Email Address				
U.S. Telephone Number				