



Today's Date: / /

Harvard ID #: _____

Personal Information (This must match the information in your passport):

Name: family / last name(s) given / first name(s) middle name(s)

Date of Birth: / /

Academic Program Information:

School/Department/Hospital Affiliation: _____

Contact Information (If no residential address, use 1350 Mass Ave. #864, Cambridge, MA 02138):

U.S. residential address: house number street name apartment/unit number city state zip code

Please report your residential address changes via the HIO web site within 10 days of the change.

U.S. Phone Number: _____

Harvard Email if known: _____

Personal Email: _____

Visa Information: (Not Applicable for Canadian Citizens)

Visa Classification: _____

Entries: M 1 2 Issue Date: month / day / year Expiration Date: month / day / year

May we have permission to give your name and contact information (school, e-mail address) to other Harvard students and scholars from your home country? Yes No

For J-1 visa holders only:

I am aware that U.S. government regulations require that both my dependents in J-2 status and I maintain qualifying health insurance at all times while in the United States. I understand that it is my responsibility to comply with the requirement.

Signature of J-1 visa holder: _____

(For Office Use Only): Notes: _____

SEVIS validated yes n/a

NED sent (for Short-Term Scholars) yes n/a

212 (e) for J-1 visa holders: subject not subject

OPT Dates: From to (photocopy of EAD)

NOT SEVIS RESPONSIBLE (sponsored by:)

Please make a photocopy of visa documents.

SA date stamp and initial