

Harvard International Office eForm

To be used for scholars already in the HIO system who are changing departments and/or for scholars already in the HIO system from previous visits. Do not create new ISD records for these individuals. Complete this form and e-mail it to internationaloffice@harvard.edu.

This scholar is moving from one department/school to another within Harvard University.

Name of Scholar: _____ Date of Birth: _____

Scholar's email _____ Telephone _____

Scholar's Physical Address _____

Mailing Address of Scholar: _____

Scholar's Professional Position in Home Country: _____

Appointing Department, School, Hospital: _____

Address of Department where Scholar Will Work: _____

Appointment Title: _____

Appointment Dates: from _____ to _____

Funding Amount(s): _____ Funding Source(s) _____

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How many hours the individual will work per week? _____ Name of Faculty Sponsor: _____

The scholar agrees to comply with the J-1 health insurance requirement.

I certify that this individual possesses sufficient proficiency in the English language to successfully participate in the program and to function on a day-to-day basis.

Department Contact Person Information

Name: _____ Email: _____

Address: _____

Phone Number: _____ Fax Number: _____

Is the individual currently in the United States? Yes No

- If yes, please submit the most recent I-94 printout, visa stamp, passport expiration page, copy of most recent Form DS-2019, I-20, I-797 approval notice, EAD.
- If scholar is not in the United States, please send completed airway bill or the visa document will be sent via U.S.P.S. regular airmail.
- Please indicate if scholar's family members will be accompanying him/her? Yes No
- If yes, please attach a completed [Dependent Data Sheet](#).