



PRELIMINARY DATA SHEET PART I

To be completed (please type) by the Harvard department for a prospective appointee or employee who is not a U.S. citizen or a U.S. permanent resident (green card holder). Visa sponsorship is based on an academic appointment through the University. For details about Harvard visa sponsorship please review *Foreign Scholars: a Handbook for Administrators*, or call (617) 495-2789. **Once completed, please FAX (or mail) together with Preliminary Data Sheet (PDS) Part Two (completed by the appointee) and PDS Part Three (for family members) to the HIO at (617) 495-4088.**

HARVARD FACULTY MEMBER (SPONSOR):

_____ of the _____
Faculty member corresponding with appointee *School and Department*

DEPARTMENT CONTACT PERSON:

Name _____ Telephone _____ FAX _____ E-mail _____
Mailing address _____

INFORMATION ABOUT THE PROSPECTIVE APPOINTEE:

Appointee's full name: _____
Family/Last *Given/First* *Middle*

Academic degrees held by the individual _____
degrees *year(s)* *awarded*

DELIVERY OF VISA DOCUMENTS:

NOTE: The normal processing time to create a visa document for a J-1Exchange Visitor is a minimum of 10 working days. Other types of visas may take up to three or four months to process. The hiring department and the appointee should plan accordingly.

- Please check one of the boxes below indicating how the visa document should be delivered to the scholar
- the visa documents should be sent via US airmail by the HIO to the appointee at the following address: _____
 - attached (or being sent to the HIO) is a completed airway bill for a courier service
 - the HIO should call the contact person above to pick up and send the documents when ready

HARVARD UNIVERSITY APPOINTMENT:

Harvard ID# _____
(if known)

Reminder: You must process this appointment through the appropriate Harvard Dean's Office in order for the HIO to provide visa sponsorship.

Harvard University title: _____

Dates of appointment: **From**

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To

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month day year *month day year*

Is it possible that the appointment will be renewed or extended beyond this date? _____

Exact address where individual will be working: _____

What proportion of his/her time will be spent on the following activities?
Teaching _____ Research _____ Training _____ Study _____ Other (specify) _____
Describe briefly the proposed duties of the prospective appointee: _____

HOSPITAL APPOINTMENTS THROUGH HARVARD MEDICAL SCHOOL:

In which hospital will the appointee be working? _____
Proposed hospital title _____

5. If the individual holds an M.D. degree, please read the following carefully and check the appropriate box below (**check only one box**).

NO ELEMENT OF PATIENT CARE IS INVOLVED. The program in which this individual is to be engaged is solely for the purpose of observation, consultation, teaching, or research.

Some element of patient care is involved in the program in which this individual is to be engaged. Such programs must meet the following specific requirements.

- The program in which this person will participate is predominantly involved with observation, consultation, teaching, or research.
- Any incidental patient contact involving the alien physician will be under the direct supervision of a physician who is a U.S. citizen or permanent resident and who is licensed to practice medicine in the state of Massachusetts.
- The alien physician will not be given final responsibility for the diagnosis and treatment of patients.
- Any activities of the alien physician will conform fully with the State licensing requirements and regulations for medical and health care professionals in the state of Massachusetts in which the alien physician is pursuing the program.
- Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

FINANCIAL SUPPORT FROM ALL SOURCES (WHILE IN THE U.S.):

The financial information listed here is the sole basis for determining whether or not the support will be adequate to maintain a minimum decent standard of living for the appointee and his/her dependents. This data will appear on a visa certificate and will be a determining factor in whether a visa is actually issued by a U.S. Embassy or Consulate official. The University/hospital may be held to statements made about fellowships and salaries.

All amounts from all sources must be furnished in U.S. dollars.

Please list the total funding for the time period indicated on the front of this form

<i>INSTITUTION</i>	<i>FULL NAME</i>	<i>AMOUNT</i>	<i>PERIOD</i>
Harvard University _____	_____	U.S. \$ _____ per _____	
Hospital _____	include full name	U.S. \$ _____ per _____	
U.S. Government agency _____	include full name	U.S. \$ _____ per _____	
Exchange visitor's government _____	include full name	U.S. \$ _____ per _____	
Other organizations _____	include full name	U.S. \$ _____ per _____	
Personal funds _____		U.S. \$ _____ per _____	

Signature of Chair of Department (or appropriate person with hiring authority)

Date

Once completed, please FAX (or mail) this sheet together with Preliminary PDS II (completed by the appointee) and PDS III (for family members) to the HIO at (617) 495-4088.



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