Harvard International Office
Registration Form

Please complete this form after your arrival in the United States and bring it with you to the HIO along with your passport and visa documents.

Office use only: ☐ SEVIS validated
☐ **SEND NED** (for Short-Term Scholars)

Today's Date: _____
month / day / year

Please complete the following information.

Harvard ID #:

Name:_____
family / last name given / first name middle name

Gender: ☐ Male ☐ Female Date of Birth: _____/_____/_____

Country of citizenship: _____

School / Department / Hospital Affiliation: _____

Dates of Admission or Appointment: _____

SEVIS # N ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Local residential address: _____
street address apartment number

_____
city state zip code

Home telephone: _____ Work phone: _____

Email address: _____

Visa Information: (Not Applicable for Canadian Citizens) Issuance Date: _____ Expiration Date: _____

Entries: M ☐ 1☐ 2 ☐ Visa classification: _____

I-94 Card Information:

Admission/Departure Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Date Issued: _____ Valid until D/S ☐ or _____ Visa Classification: _____

May we have permission to give your name and contact information (address, phone number, e-mail) to other Harvard students and scholars from your home country? Yes _____ No_____

HIO Notes (For Office Use Only)

☐ NSEERS Registrant (photocopy of I-94 card for file)

OPT Dates: From_____ to _____ (photocopy of EAD)

☐ **NOT SEVIS RESPONSIBLE**