

Notes:

E-FORM INTAKE

Part 1 for Department

This form is to be used for students, scholars, or student interns already in the HIO system from previous visits, students who are now working as scholars, or those who are changing departments. Do <u>not</u> create new ISD records for these individuals. Complete this form and receive Part 2 from your scholar or student intern and send all documentation to international office@harvard.edu.

This scholar is moving from one	department/scho	ol to another within H	Harvard University.	
Name of Scholar:				
Scholar's Date of Birth:		_		
Appointing Department, School, Hospi	tal:			
Dates of intended appointment FROM		то		
		mm/dd/yyyy	mm/dd/yyyy	
Appointment Title:				
Harvard Title		Hospital Title (required if applicable)		
Position CIP Code/Subject Area:		(hint:this is the CIP code you would use for ISD)		SD)
Funding Information: (Please provide	funding information	on for the intended a	ppointment period only)	
Funding start End	Amount	Per	Source	_
Funding start End	Amount	Per	Source	
How many hours the individual will we	ork per week?			
Name of Faculty Sponsor:				
Place where scholar will be working: _				
I confirm that the scholar will w	ork on campus/hy	brid. If the scholar wi	ll work fully remotely, explain below	v in not
I certify that this individual poss program and to function on a data	•	oficiency in the Englis	sh language to successfully participa	ate in th
Department Contact Person Informati	on			
Name:		Email:		
Address:		Phone Num	her:	

Checklist

	Completed Part 1 of the E-Form by the administrator
	Completed Part 2 of the E-Form completed by the scholar. Please ensure its completeness.
<u>Scho</u>	olar's:
	Passport Information Page
	Form I-94 (if currently in the U.S.)
	Previous copy of their DS-2019 (if participated in J status)
	Previous copy of their U.S. visa stamp
	Dependent passport pages (if applicable)
	Academic Appointment letter
	Proof of Funding