

HIO REGISTRATION FORM

Only complete this form when you have arrived inside the United States!

Email the completed form to internationaloffice@harvard.edu.



HARVARD
International Office

Today's Date (MM/DD/YYYY): <input type="text"/>	Harvard School <input type="text"/>	Harvard Department OR Hospital (if any) <input type="text"/>
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Personal Information (MUST match your passport):

Date of Birth (MM/DD/YYYY):

Last (Family) Name(s):

Given (First and Middle) Name(s):

Contact Information – Physical U.S. Residential Address (Not mailing) *If you do not yet have a U.S. address, check this box:*

Street Number and Name: *(If living in campus housing, please also include your dorm/residence name and room number)* Apartment/Unit Number:

City: State: Zip/Postal Code: U.S. Phone Number (if known):

You must report any changes to your address, phone number or email via the [HIO website](#) within 10 days of the change.

Harvard Email Address (if known):

Personal Email Address:

Do we have your permission to give your name and email address to other Harvard students and scholars from your country of citizenship? Yes No

I-94 Information – Go to i94.cbp.dhs.gov, select "Get Most Recent I-94," enter the requested information, and provide the below exactly as it is written on the I-94 website:

Most Recent Date of Entry: Class of Admission: Admit Until Date:
(MM/DD/YYYY, Ex. "01/24/2022") (Ex. "J-1") (Ex. "D/S" or "09/30/2022")

Visa Information (not applicable to Canadian citizens):

(1) Visa Classification:
(Ex. "J-1")

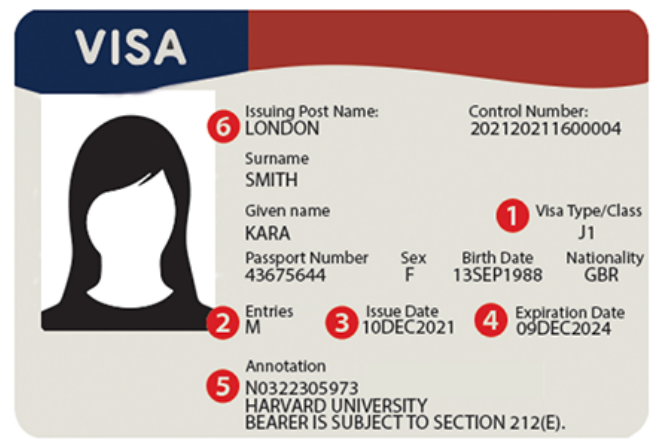
(2) Entries: M 1 2

(3) Issue Date:
(MM/DD/YYYY)

(4) Expiration Date:
(MM/DD/YYYY)

(5) Annotation:
(Copy the language exactly as it is written on your visa stamp. If there is nothing in this section, write "N/A")

(6) City and Country of Visa Issuance:
(Example: Berlin, Germany)



Dependent(s) Information (if applicable)

Dependent Last (Family) Name(s)	Dependent Given (First and Middle) Names(s)	Is your dependent accompanying you to the U.S., either now or later?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

FOR J-1 VISA HOLDERS ONLY:

- *If I have J-2 dependent(s) who were issued DS-2019 forms but will no longer be accompanying me to the U.S. at any point during my time at Harvard, I am aware that I am responsible for destroying the original J-2 DS-2019 forms.*
- *I am aware that U.S. government regulations require that both I and my J-2 dependents maintain qualifying health insurance at all times while in J-1/J-2 status. I understand that it is my responsibility to comply with this requirement.*

Signature of J-1 visa holder:

(If completing this form digitally, please type your name.)

For HIO use only – Do not write in this section:

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

OPT/AT Dates:

From _____ to _____

Not SEVIS responsible

Sponsored by: _____

SA date stamp and initials:

SEVIS validated: yes n/a

NED sent: yes n/a

Hold removed: yes n/a

Advisor Notes: