

## J-1 OCCASIONAL LECTURE / SHORT TERM CONSULTATION AUTHORIZATION APPLICATION FORM

Step 1: J-1 Scholar Name:			SEVIS #
Harvard Department:			
-			
Step 2: (To be completed	d by the host instit	tution or orgai	nization inviting the J-1 scholar)
Name of Host Organization	on:		
Description of Event or A	ctivity:		
Site of Activity Address:			
(Enter the address where the scholar will be physically located when participating in this activity)	Street Address  City/Town	A	
	City/Town	State	Zip Code
Event or Activity Date(s):	From:	To:	
Number of Hours:	<u></u>		
Other (please specify)  Note: If a scholar will re J-1 regulations require the	eceive wages or oth	ner remunerati	tion for lectures or consultations, t
Printed Name		Tit	itle
H	ost Institution Representative	<del></del>	
Signature		<del></del>	
inviting host organization or insto the scholar's primary program	n to allow the above-m stitution and that this ac m activity, will enhance ogram at Harvard. If the	nentioned scholar to ctivity is related to the scholar's pro	to pursue the aforementioned activity at the other scholar's work at Harvard, is incidental ogram at Harvard, and will not delay the itions of this activity change, I will inform to
Printed Name	Harvard Faculty Sponsor	Tit	itle
Signature			
Harvard	d Faculty Sponsor		

Email this completed form to international office@harvard.edu using the email subject line: J-1 Occasional Lecture/Short-Term Consult Request

Harvard International Office, Room 864, Richard A. and Susan F. Smith Campus Center 1350 Massachusetts Avenue, Cambridge, Massachusetts 02138