

NOTICE OF EXTENSION OR DEPARTURE (NED)

This form must be submitted by the Department Administrator to: internationaloffice@harvard.edu

Scholar Information

Family Name(s) _____ Given Name(s) _____ Date of Birth _____

Please confirm the following information with the scholar, it will be used to update their immigration record:

(Not needed if the scholar already departed the United States)

U.S. Residential Address _____

U.S. Phone Number _____ Personal _____ Office _____ Email _____

Withdrawals – to report a scholar leaving your department on or before the current end date

The scholar is leaving / left my department as of: _____ (list scholar's last day working in your department while in the US)

After leaving your department, the scholar has/will: (please check all that apply)

Depart the U.S. _____ Move/transfer to another US institution _____

Move to another Harvard dept./hospital _____ Plans to return to Harvard as of _____

Change of Status

Scholar has applied for/obtained U.S. permanent residency status (Please include a copy of green card, front and back, or other proof)

Extensions – to report an extension of appointment, or updates to scholar's funding, Harvard title, or worksite:

Dates of reappointment or updates: From _____ To _____

Scholar's Harvard/Hospital Title _____ Hours per week _____

Exact address where scholar will work: _____

Check here to confirm that the scholar will work on campus/hybrid. If the scholar will work fully remotely, explain below in notes

Funding Information: (Please provide funding information for the extended/updated period only)

Funding start _____ End _____ Amount _____ Per _____ Source _____

Funding start _____ End _____ Amount _____ Per _____ Source _____

Use the Additional Information/Notes to add additional funding sources, as well as provide explanation of Other Organization Funds

Effective from April 27, 2023, the government announced that DS-2019s can now be sent electronically. All J-1 extension documents will be delivered to scholars via email at the address provided above. If you require the document to be delivered through an alternative method, please specify this in the notes section below.

Department Contact Information

Primary administrative contact _____ Email _____

Phone _____ Name of the Department and/or Hospital _____

Person preparing form if different from above _____

Additional Information/Notes: