



CANCELLATION OF NON-RESIDENT STATUS

Name (Last, First, Middle Initial): _____ HUID: _____

Citizenship: U.S. Other: Type of Visa: _____ Department: _____
 Country: _____

Address: _____

Phone: _____

*Please **specify** the appropriate academic year below.*

My application for **LEAVE OF ABSENCE** / **TRAVELING SCHOLAR** was approved for the **FALL** and/or **SPRING** term(s) of the academic year **20**____ - **20**____, but instead I will register in residence for the **FALL** and/or **SPRING** term(s).

I understand that I am to be charged the appropriate resident tuition or fee for the term(s) and will also be charged for individual student Blue Cross Blue Shield and UHS insurance coverage for the term(s) unless a waiver form has been filed. Visit www.huhs.harvard.edu for deadlines, details, and forms.

Student Signature: _____ Date: _____

International Office: _____ Date: _____

(required for International Students only)

PLEASE RETURN ALL MATERIALS TO:
 Office of Student Affairs by email (studaff@fas.harvard.edu) or by mail to:
 Office of Student Affairs
 The Graduate School of Arts and Sciences, Harvard University
 1350 Massachusetts Avenue, Suite 350
 Cambridge, MA 02138

If you have further questions about this form, please contact the Office of Student Affairs at 617-495-1814 or studaff@fas.harvard.edu.