



CHANGE IN NON-RESIDENT STATUS

Name (Last, First, Middle Initial): _____

HUID: _____ Email: _____

Academic department: _____

I previously applied to register:

- as a traveling scholar
- on leave of absence
- to study at another Harvard School

For the:

- fall term only
- spring term only
- entire academic year

The following changes should be made, effective ____/____/____ (mm/dd/yyyy)

Change in enrollment status to:

- Full-time, in-residence student
- Traveling scholar
- Leave of absence
- Study at another Harvard School

For the:

- fall term only
- spring term only
- entire academic year

Change in fees to:

- Active file fee
- Facilities fee
- Full or reduced tuition
- No tuition—at another Harvard School

For the:

- fall term only
- spring term only
- entire academic year

HEALTH INSURANCE NOTE

If you are registered as a traveling scholar, you WILL be charged both the HUSHP Basic—Harvard University Health Services (HUHS) fee and the HUSHP Supplemental—Prescription Drug Coverage and Blue Cross Blue Shield (BCBS) Hospital/Specialty fee. The charges will remain on your student account unless a waiver is filed at www.huhs.harvard.edu/waiver by July 31 for the fall term or January 31 for the spring term.

The date on which you take a leave of absence will affect your Harvard health insurance as outlined in the HUHS Leave of Absence/Withdrawal policy at hushp.harvard.edu/leave-absencewithdrawal.

Please turn over

Signature: _____

Date: _____

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.