



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 if cancelling a Leave of Absence application)

PLEASE RETURN ALL MATERIALS TO:
 Office of Student Affairs by email (studaff@fas.harvard.edu)

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