

Full name of Student or Scholar:

Dependent Data Sheet

This data sheet is to be completed by the foreign scholar in your department with family members. This form must be typed. Please complete all sections regarding family members who will be accompanying the scholar or who are currently in the United States. If you need more space, please attach additional copies of Dependent Data Sheet. Please return the completed form to the Harvard International Office.

	Family/Last		Given/First		Middle (if applicable)
FAMILY INFORMAT	TION				
All fields must be filled in	for a visa document	to be issued. Fields l	eft blank will cause d	lelays in issuing the v	isa document.
	Family Member 1	Family Member 2	Family Member 3	Family Member 4	Family Member 5
Family/Last Name					
Given/First Name					
Middle Name (if applicable)					
Date of Birth	(Month /Day/ Year)	(Month /Day/ Year)	(Month /Day/ Year)	(Month /Day/ Year)	(Month /Day/ Year)
City of Birth					
Country of Birth					
Country of Citizenship					
Relationship to Student or Scholar					
Gender					
Country of Legal Permanent Residence					
Permanent Address Outside the United States					
Physical Address Inside the United States					