



Cover Sheet for **UNPAID** Annual Appointments

NAME _____

TITLE _____

DEPARTMENT/CENTER _____

EMAIL ADDRESS _____

Dates of Proposed Appointment: From: _____ To: _____
(note: appointments ordinarily end 6/30/YR)

Prior Harvard Affiliation:

Has the individual had an affiliation (e.g., student, employee) with Harvard? Yes No

If yes, please answer the following:

HUID (if known) _____ Year (if known) _____

Under what name (leave blank if no name change) _____

Appointment Materials:

Letter from Department Chair or Center Director supporting appointment *

Letters of Recommendation (2) *

Visiting Scientist/Visiting Graduate Student Appointment Form (optional; if used, can be substituted for letter from department chair and letters of recommendation)

Curriculum Vitae

Confirmation of Health Insurance Coverage (postdocs only)

Will the appointee have a Harvard-sponsored visa? Yes No

If yes, please attach copies of Harvard International Office's eScholar Form

* A description of the activities the appointee will be undertaking must be included in one of these letters.

Date _____ Submitted by: _____ Phone: _____

Please attach this page and all applicable items as one pdf file to the Wasabi transaction. For questions, please contact Lindsey Bartlett at lbartlett@hsph.harvard.edu.