

HARVARD UNIVERSITY

DEPARTMENT OF ECONOMICS

LITTAUER CENTER, CAMBRIDGE, MASSACHUSETTS 02138-3001

Fellowship Form

Name of Fellowship:	
---------------------	--

Part I **Student Information**

Student Name:	
Harvard ID:	
Social Security #:	
Citizenship:	
Email:	
Phone:	
Address to mail check	
Street:	
City, State, Zip:	
Country:	

Part II **Fellowship Information**

Amount of Fellowship:	
Coding:	370-31890-

Should fellowship be paid in one lump sum? yes no
 If no, what is the monthly payment amount?

Description of Research: Dissertation Other (describe briefly):

Summary of Research:	
----------------------	--

Authorized Signature:	Date:
-----------------------	-------

Please contact the Tax Office regarding tax withholding at (617) 496-5224.

U.S. Citizens—no taxes are withheld.

Non-U.S. Citizens—contact tax office, tax rates depend on visa type.

For all—fellowships may be reportable income. Please refer to www.irs.gov publication 970.

Student Signature:	Date:
--------------------	-------

FOR FINANCIAL OFFICE USE ONLY	Invoice Number	
	Invoice Date	
	Amount Due This Invoice	