

**HARVARD UNIVERSITY**

DEPARTMENT OF ECONOMICS

LITTAUER CENTER, CAMBRIDGE, MASSACHUSETTS 02138-3001

**Fellowship Form**

Name of Fellowship:	
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**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:	
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Authorized Signature:	Date:
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*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](http://www.irs.gov) publication 970.*

Student Signature:	Date:
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FOR FINANCIAL OFFICE USE ONLY	Invoice Number	
	Invoice Date	
	Amount Due This Invoice	