

COURSE GRADER APPLICATION
Department of Molecular and Cellular Biology
Harvard University

| COURSE INFORMATION | | | | | | |
|---|----------------------------------|---|---|----------------------------------|------------|------------------|
| Course Number: | | Term & Year: | | Course Instructor: | | |
| PERSONAL INFORMATION, CURRENT POSITION, & AFFILIATION | | | | | | |
| Name: (First/Middle/Last) | | Home Phone: | | Email: | | |
| Date of Birth: | | Check One: Single Married | | Check One: Male Female | | |
| Harvard ID: | SS#: | Status (Grad Student, Post-Doc, Staff): | | | | |
| Home Address: (Required) | | | University Mailing Address: | | | |
| Department: | | PI/Lab Director: | | | Lab Phone: | |
| Campus Location (HU, HMS-LMA, MGH or CNY, HSPH): | | | | | Lab Fax: | |
| Education | | | Previous Teaching Experience | | | |
| Degree/Year | College, University, Institution | Discipline | University | Course Title | Instructor | Date (Term/Year) |
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| REQUIRED FUNDING INFORMATION (POST-DOCS, STAFF, & NON-HARVARD STUDENTS ONLY) | | | | | | |
| Please Note: If you are supported by a NIH-NIGMS Fellowship, you cannot grade. Email CV to: maddalen@mcb.harvard.edu | | | | | | |
| Paycheck Issued By (Dept./Location): | | | Administrator's Name & Tel: | | | |
| Name of Grant or Fellowship: | | | Number of Grant or Fellowship: | | | |
| Percentage of Effort Required by the Grant: | | | Does the grant from which you are supported restrict the time spent on other activities such as grading? Yes No | | | |
| Are you supported by a NIH Grant? Yes No | | | Are you supported by a NRSA Fellowship? Yes No | | | |
| VISA INFORMATION (POST-DOCS, STAFF, & NON-HARVARD STUDENTS ONLY) | | | | | | |
| IMPORTANT: If you are on a H-1B visa, you cannot grade. | | | | | | |
| Are you on a Visa? Yes No (If yes, please complete the information below.) | | | | | | |
| Visa Type: | | | Visa Effective Dates: To | | | |
| <i>Please note that you may be asked to provide copies of your visa documentation.</i> | | | | | | |

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| I have direct deposit. I must sign up for direct deposit. | | GRADUATE STUDENTS ONLY: | |
| | | Are you supported by a NSF Fellowship? Yes No | |
| Are you legally authorized to work in the United States? | | Yes No | |

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| X Advisor or PI Signature Date | X Applicant Signature Date |
| X Instructor or Preceptor Signature Date | X Stephen Obuchowski's Signature (Required – DMS students only) Date |