

**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)

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 visa, you must submit copies of your documentation.	
Are you on a Visa?      Yes      No	(If yes, please complete the information below.)
Visa Type:	Visa Effective Dates:      To
Will you now or in the future require sponsorship for employment visa status (i.e. H-1B)?      Yes      No	

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

<b>X</b> Advisor or PI Signature      Date	<b>X</b> Applicant Signature      Date
<b>X</b> Instructor or Preceptor Signature      Date	<b>X</b> Leah Simons' Signature (Required – DMS students only)      Date