CHECKLIST LT INTERNATIONAL SCHOLARS ON TREATY

_____ SET UP LOCAL BANK ACCOUNT

FELLOWSHIP OFFICE _____ SIGNED SAO AWARD LETTER _____ ACADEMIC APPOINTMENT FORM _____ STATEMENT OF INTENTION TO FILE TAX-VISA QUESTIONNAIRE ____ W8-BEN FORM ____ CFA EMAIL ACCOUNT NOTIFICATION TO FELLOWSHIP COORDINATOR SIGNED REPATRIATION INSURANCE FORM COPY OF APPLICATION LETTER FROM SOCIAL SECURITY OFFICE FOR CAREFIRST ENROLLEES SUBMIT CAREFIRST ENROLLMENT FORM _____ CAREFIRST HEALTH CARD RECEIVED CALL CAREFIRST AT (800) 321-3497 - FOR HEALTH CARD (IN 2 WEEKS) **DIVISION ADMINISTRATOR** SUBMIT ELECTRONIC FUNDS TRANSFER (EFT) FORM SUBMIT RELOCATION RECEIPTS TO DIVISION ADMINISTRATOR OTHER OFFICES _____ MEET WITH HUMAN RESOURCES GO TO HOLYOKE CENTER FOR SAO ID _____ APPLY FOR LIBRARY PIN NUMBER AND PRIVILEGES WITH HARVARD ID NUMBER