

**HARVARD UNIVERSITY**

DEPARTMENT OF NEAR EASTERN LANGUAGES AND CIVILIZATIONS

6 DIVINITY AVENUE ♦ CAMBRIDGE, MASSACHUSETTS 02138

PHONE: (617) 495-5757 ♦ FAX: (617) 496-8904

**Student Conference Grant Request Form**

Date of Service:

Adviser's signature:

Event/Workshop:

Name of Student:

E-mail address:

Are you a U.S. citizen: Yes

No  (Please submit a [Foreign Individual Vendor Request Form](#))

Social Security Number (if applicable): \_\_\_\_\_

Harvard ID (if applicable): \_\_\_\_\_

Permanent Tax Reporting Address

Mailing Address (if different)

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*\*Please send this form and documentation (e.g. registration for attendance only; conference schedule for presentation) to Soma Roy - [roy@fas.harvard.edu](mailto:roy@fas.harvard.edu)*

–or–

*bring hard copy to  
NELC Dept – Harvard University  
6 Divinity Avenue, Room 106  
Cambridge, MA 02138*