ATTACHMENT 7

UNIVERSITY OF MIAMI INTERNATIONAL OBSERVERSHIP PROGRAM
PARTICIPANT'S DOCUMENTS

OBSERVER:

Family Name (surname) ______________________________ First Name __________________

PASSPORT:

Expiration Date _______________ (mon/day/year)

U.S. VISA:

Type _______________ Date Issued _______________ Expiration Date _______________ (mon/day/year) (mon/day/year)

CIS FORM I-94:

Class _______________ Admitted _______________ Until _______________ (mon/day/year) (mon/day/year)

UM EMPLOYEE COMPLETING THIS FORM:

Name (please print) __________________________________________

Signature _________________________________________________

Today’s Date _______________ (mon/day/year)