ATTACHMENT 7

UNIVERSITY OF MIAMI INTERNATIONAL OBSERVERSHIP PROGRAM
PARTICIPANT’S DOCUMENTS

E-mail completed Participant’s Documents Form to International Student and Scholar Services at isss@miami.edu Please print clearly.

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)