Entry Documents to the United States

This document provides examples of immigration documents used to enter the United States – please refer to this page when completing the Immigration Document Upload e-form in the OIS Check-In process.

Click on the hyperlinks below to view different images:

Visa stamp

Passport

I-94

I-20

DS-2019

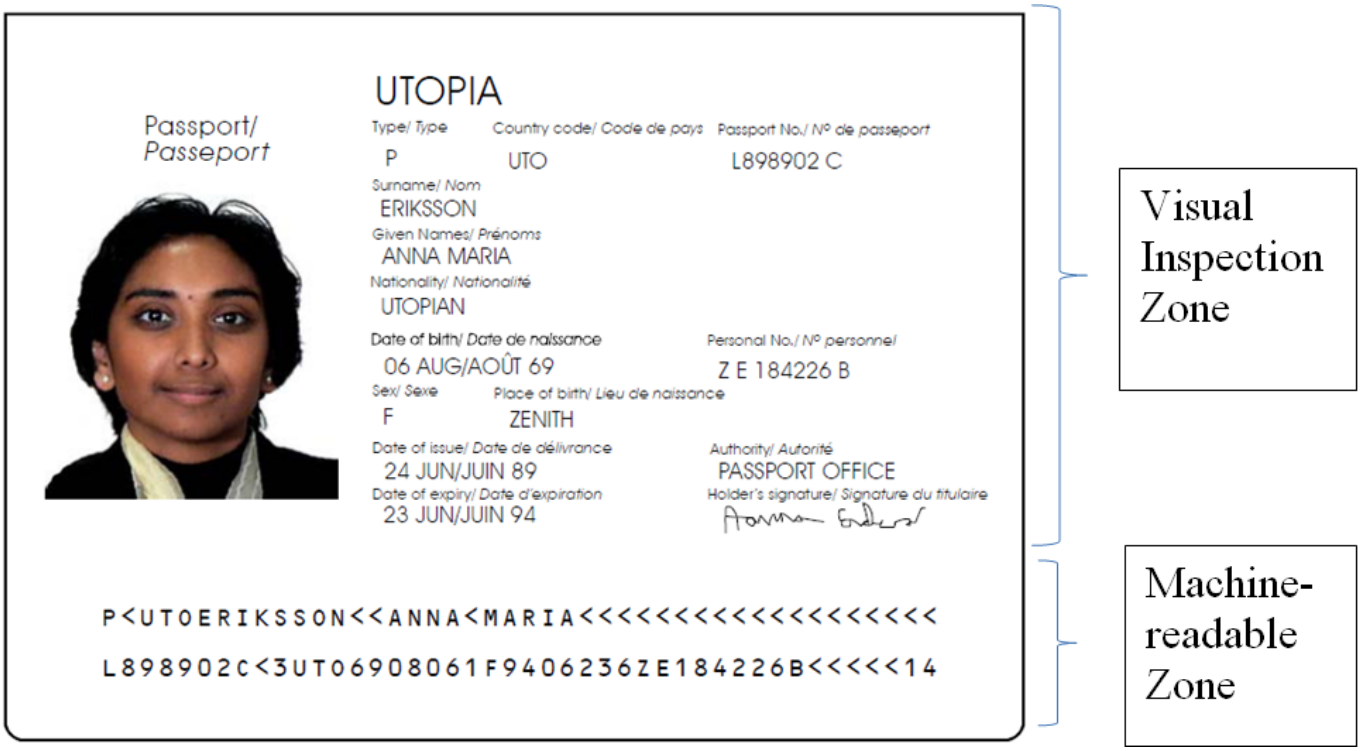
Visa stamp

This is a visa stamp

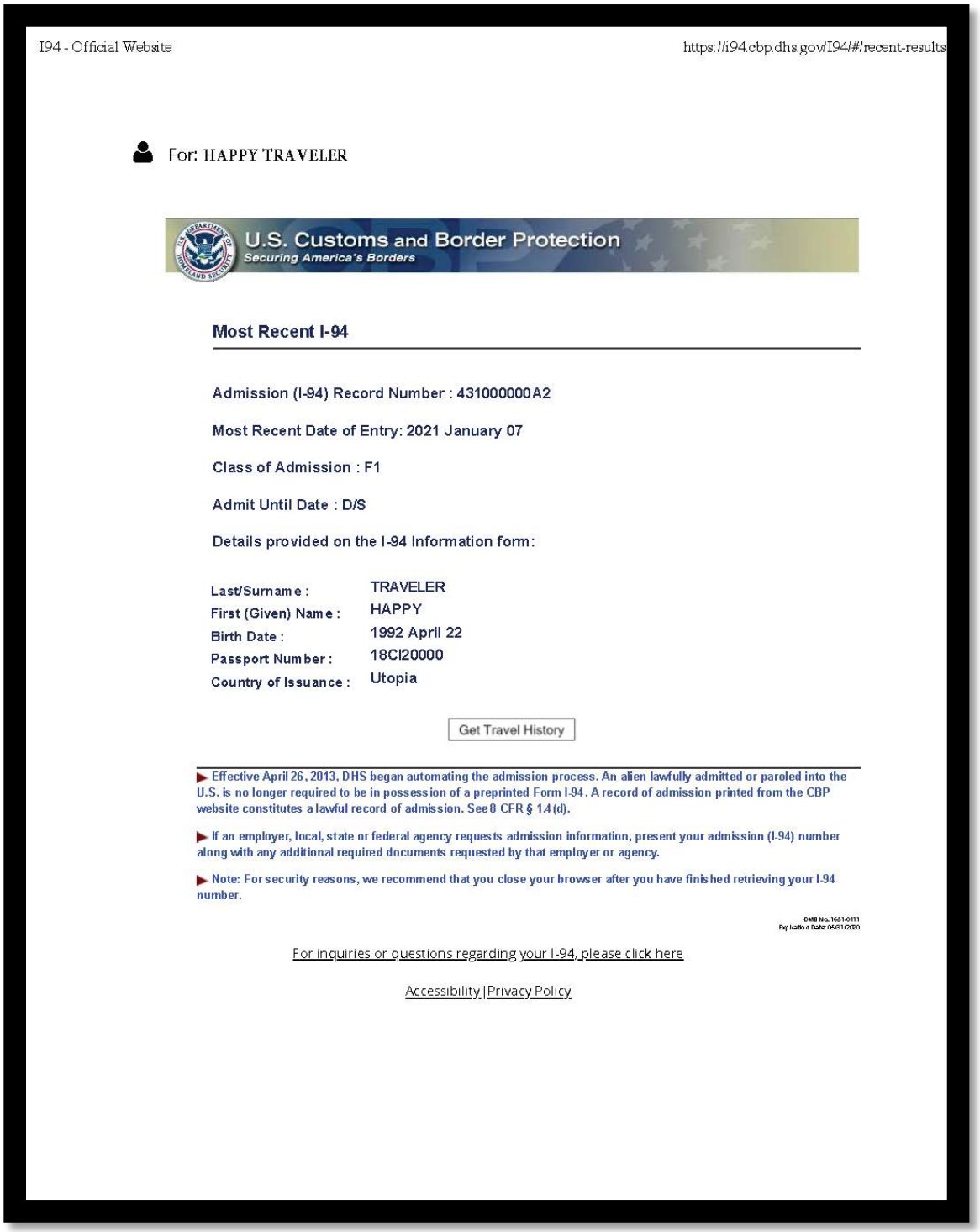
This is an entry stamp from Customs and Border Protection (CBP).

This is NOT a visa stamp!

Passport


Passport/
Passeport
UTOPIA
Type/ Type
P
Country code/ Code de pays
UTO
Passport No./ N° de passeport
L898902 C
Surname/ Nom
ERIKSSON
Given Names/ Prénoms
ANNA MARIA
Nationality/ Nationalité
UTOPIAN
Date of birth/ Date de naissance
06 AUG/AOÛT 69
Personal No./ N° personnel
Z E 184226 B
Sex/ Sexe
F
Place of birth/ Lieu de naissance
ZENITH
Date of issue/ Date de délivrance
24 JUN/JUIN 89
Authority/ Autorité
PASSPORT OFFICE
Date of expiry/ Date d'expiration
23 JUN/JUIN 94
Holder's signature/ Signature du titulaire
P<UTOERIKSSON<<ANNA<MARIA<<<<<<<<<<<<<<<<<<<<
L898902C<3UT06908061F9406236ZE184226B<<<<<14
Visual Inspection Zone
Machine-readable Zone

I-94



I94 - Official Website https://i94.cbp.dhs.gov/I94/#/recent-results

For: HAPPY TRAVELER

U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number : 431000000A2

Most Recent Date of Entry: 2021 January 07

Class of Admission : F1

Admit Until Date : D/S

Details provided on the I-94 Information form:

Last/Surname :	TRAVELER
First (Given) Name :	HAPPY
Birth Date :	1992 April 22
Passport Number :	18CI20000
Country of Issuance :	Utopia

Get Travel History

▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4 (d).

▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

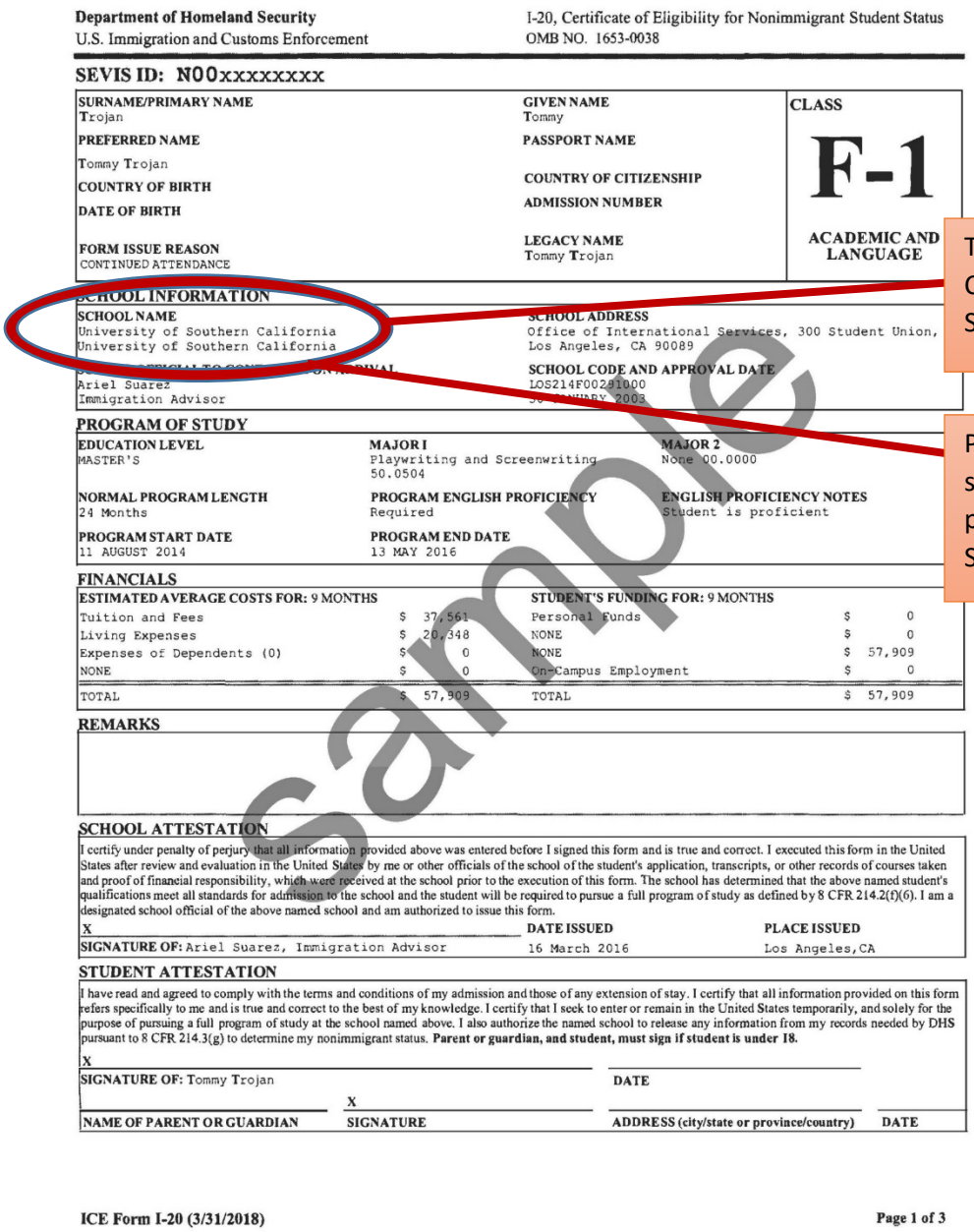
OMB No. 1651-0111
Expiration Date: 05/31/2020

For inquiries or questions regarding your I-94, please click here

Accessibility | Privacy Policy

I-20

Check the SCHOOL NAME section of your I-20 when submitting copies of this document type.



Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N00xxxxxxxx

SURNAME/PRIMARY NAME Trojan	**GIVEN NAME** Tommy	**CLASS** F-1
PREFERRED NAME Tommy Trojan	**PASSPORT NAME**	
COUNTRY OF BIRTH	**COUNTRY OF CITIZENSHIP**	
DATE OF BIRTH	**ADMISSION NUMBER**	
FORM ISSUE REASON CONTINUED ATTENDANCE	**LEGACY NAME** Tommy Trojan	**ACADEMIC AND LANGUAGE**

SCHOOL INFORMATION

SCHOOL NAME
University of Southern California
University of Southern California

SCHOOL ADDRESS
Office of International Services, 300 Student Union, Los Angeles, CA 90089

Ariel Suarez
Immigration Advisor

SCHOOL CODE AND APPROVAL DATE
LOS214F00281000

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	**MAJOR 1** Playwriting and Screenwriting 50.0504	**MAJOR 2** None 00.0000
NORMAL PROGRAM LENGTH 24 Months	**PROGRAM ENGLISH PROFICIENCY** Required	**ENGLISH PROFICIENCY NOTES** Student is proficient
PROGRAM START DATE 11 AUGUST 2014	**PROGRAM END DATE** 13 MAY 2016	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		**STUDENT'S FUNDING FOR:** 9 MONTHS	
Tuition and Fees	$ 37,561	Personal Funds	$ 0
Living Expenses	$ 20,348	NONE	$ 0
Expenses of Dependents (0)	$ 0	NONE	$ 57,909
NONE	$ 0	On-Campus Employment	$ 0
TOTAL	$ 57,909	TOTAL	$ 57,909

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X

SIGNATURE OF: Ariel Suarez, Immigration Advisor	**DATE ISSUED** 16 March 2016	**PLACE ISSUED** Los Angeles,CA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

X

SIGNATURE OF: Tommy Trojan		**DATE**	
NAME OF PARENT OR GUARDIAN	**SIGNATURE**	**ADDRESS (city/state or province/country)**	**DATE**

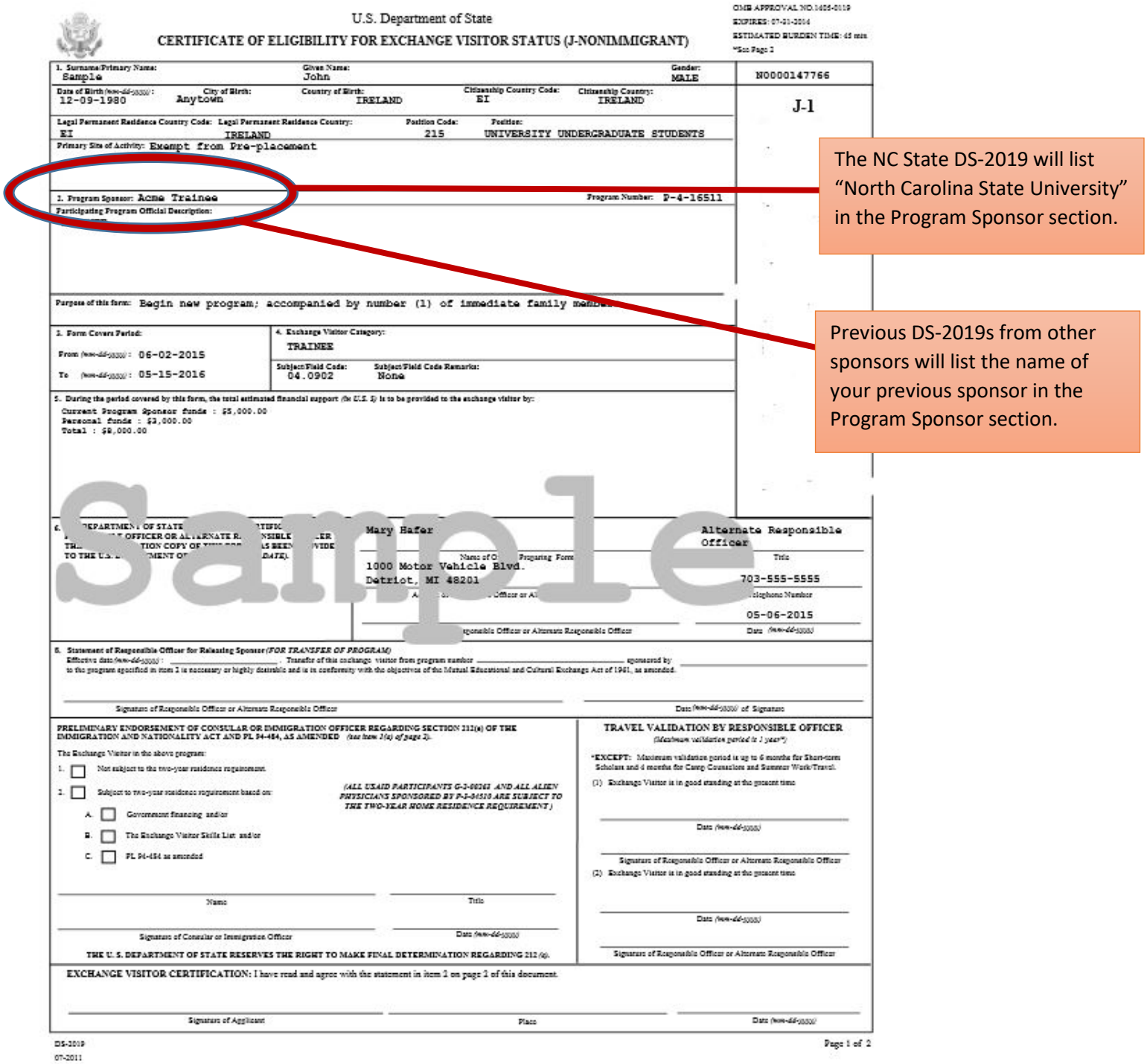
ICE Form I-20 (3/31/2018) **Page 1 of 3**

The NC State I-20 will list "North Carolina State University" in the SCHOOL NAME section.

Previous I-20s from other schools will list the name of your previous institution in the SCHOOL NAME section.

DS-2019

Check the Program Sponsor section of your DS-2019 when submitting copies of this document type.



U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO. 1405-0119
EXPIRES: 07-31-2014
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Surname/Primary Name: Sample
Given Name: John
Gender: MALE
N0000147766

Date of Birth (mm-dd-yyyy): 12-09-1980
City of Birth: Anytown
Country of Birth: IRELAND
Citizenship Country Code: EI
Citizenship Country: IRELAND

J-1

Legal Permanent Residence Country Code: EI
Legal Permanent Residence Country: IRELAND
Position Code: 215
Position: UNIVERSITY UNDERGRADUATE STUDENTS

Primary Site of Activity: Exempt from Pre-placement

2. Program Sponsor: Acme Trainee
Program Number: P-4-16511

Participating Program Official Description:

Purpose of this form: Begin new program; accompanied by number (1) of immediate family member

3. Form Covers Period:
From (mm-dd-yyyy): 06-02-2015
To (mm-dd-yyyy): 05-15-2016

4. Exchange Visitor Category: TRAINEE
Subject/Field Code: 04.0902
Subject/Field Code Remarks: None

5. During the period covered by this form, the total estimated financial support (for U.S. $) is to be provided to the exchange visitor by:
Current Program Sponsor funds : $5,000.00
Personal funds : $3,000.00
Total : $8,000.00

Sample

Mary Hafer
Name of Official Preparing Form
Alternate Responsible Officer
Title
1000 Motor Vehicle Blvd.
Detriot, MI 48201
703-555-5555
Telephone Number
05-06-2015
Date (mm-dd-yyyy)

6. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)
Effective date (mm-dd-yyyy): _____. Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.

Signature of Responsible Officer or Alternate Responsible Officer
Date (mm-dd-yyyy) of Signature

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 3(a) of page 2).

The Exchange Visitor in the above program:
1. ☐ Not subject to the two-year residence requirement.
2. ☐ Subject to two-year residence requirement based on:
A. ☐ Government financing and/or
B. ☐ The Exchange Visitor Skills List and/or
C. ☐ PL 94-484 as amended

(ALL USAID PARTICIPANTS G-2-00203 AND ALL ALIEN PHYSICIANS SPONSORED BY P-2-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT.)

Name
Title
Signature of Consular or Immigration Officer
Date (mm-dd-yyyy)

THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).

TRAVEL VALIDATION BY RESPONSIBLE OFFICER
(Maximum validation period is 1 year*)

*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.

(1) Exchange Visitor is in good standing at the present time.
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer

(2) Exchange Visitor is in good standing at the present time.
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 3 on page 2 of this document.

Signature of Applicant
Place
Date (mm-dd-yyyy)

DS-2019
07-2011

Page 1 of 2

The NC State DS-2019 will list "North Carolina State University" in the Program Sponsor section.

Previous DS-2019s from other sponsors will list the name of your previous sponsor in the Program Sponsor section.