



## Employment Authorization Card (EAD)

Example A:

U.S. DEPARTMENT OF HOMELAND SECURITY, U.S. Citizenship and Immigration Services  
**EMPLOYMENT AUTHORIZATION CARD**  
 The person identified is authorized to work in the U.S. for the validity of this card.  
**NAME** SPECIMEN, TEST V  
*Test V*  
 A# 000-000-001  
 CARD # WAC0000000001  
 01/01/80 C09P M  
 Terms and Conditions  
 None  
 SERVES AS I-512 ADVANCE PAROLE  
 CARD VALID FROM 01/01/80 EXPIRES 01/02/80

A#: Alien/USCIS number  
 Card #: Document number

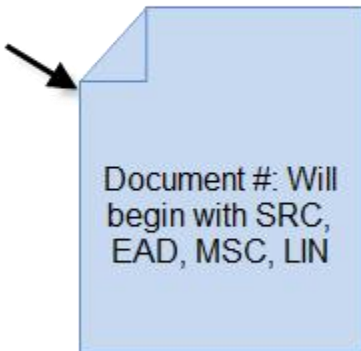
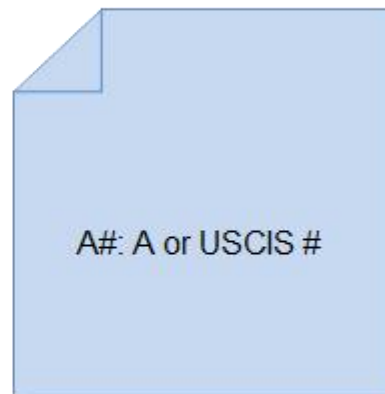
Example B:

UNITED STATES OF AMERICA EMPLOYMENT AUTHORIZATION CARD  
 SPECIMEN TEST V 01 JAN 80  
**SPECIMEN**  
 TEST V  
 USCIS # 600-000-773  
 Category Code C09 SRC000000773  
 Date of Birth 01 JAN 80 Sex M  
 Ethiopia  
 Terms and Conditions  
 None  
 Valid From 01/01/80  
 Card Expires 05/10/11  
 NOT VALID FOR REENTRY TO U.S.

2000377  
 U.S. Citizenship and Immigration Services  
 This card is not evidence of U.S. citizenship or permanent residence. This document is void if altered, and may be reviewed by the U.S. Government. The person identified is authorized to work in the U.S. for the validity of this card.  
 I AUSA0000007733SRC000000773<<  
 2001012M1105108ETH<<<<<<<<<<<<<<4  
 SPECIMEN<<TEST<VOID<<<<<<<<<<<<<

USCIS#: A or USCIS #  
 Card #: Document number

Example C:



# I-20 (F1)

Please read Instructions on Page 2  
This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):  
First (given) Name: Middle Name:  
Country of birth: TAIWAN Date of birth (mo/day/year):  
Country of citizenship: TAIWAN Admission number:

2. School (School district) name:  
University  
University  
School Official to be notified of student's arrival in U.S. (Name and Title):  
Associate Director of International Admissions  
School address (include zip code):  
School code (including 3-digit suffix, if any) and approval date:  
approved on

3. This certificate is issued to the student named above for:  
Initial attendance at this school.  
4. Level of education the student is pursuing or will pursue in the United States:  
BACHELOR'S

5. The student named above has been accepted for a full course of study at this school, majoring in General Studies.  
The student is expected to begin study at the school no later than 02/2003 and complete studies no later than 12/15/2008. The normal length of study is 48 months.

6. English proficiency:  
This school requires English proficiency.  
The student is not yet proficient. English instructions will be given at the school.

7. This school estimates the student's average costs for an academic term of 9 (up to 12) months to be:  
a. Tuition and fees \$ 10,368.00  
b. Living expenses \$ 7,167.00  
c. Expenses of dependents (0) \$ 0.00  
d. Other (specify): Books, Supplies \$ 1,865.00  
Total \$ 19,400.00

SEVIS  
Student's Copy  
N0001322297  
Visa issuing post: Date Visa Issued:  
Reinstated, extension granted to:

This is the document number

This is the expiration date you will use on the I-9

8. This student is being issued the following as the student's academic term of 9 months given in item 7).  
\$ 0.00  
\$ 0.00  
\$ 40,000.00  
\$ 0.00  
\$ 40,000.00  
9. Reentry placement tests are required. Last day to register is September 11, 2003.

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed 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; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.  
Associate Director of International Admissions  
Name of School Official Signature of Designated School Official Title Date Issued Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. 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 course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.  
Name of Student Signature of Student Date

Name of parent or guardian Signature of parent or guardian Address (city) (State or Province) (Country) (Date)  
If student under 18

DS-2019 (J1)

U.S. Department of State  
**CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS**

OMB APPROVAL #0180-0119  
EXPIRES 02-28-2003  
ESTIMATED AVERAGE ANNUAL WORKING TIME: 45 MIN

1. Applicant Name Last Name: _____ First Name: _____		Country of Birth: <b>KOREA, SOUTH</b>		Country of Issuance: <b>KOREA, SOUTH</b>	
Date of Birth (mm/dd/yyyy): _____ City of Birth: _____		Legal Permanent Residence Country Code: <b>KOREA, SOUTH</b>		Exchange Visitor Program Number: <b>N0000</b>	
U.S. Address: Office of International Programs 3701 Chestnut Street, Suite 1M Philadelphia, PA 19104-3199		Participating Program Official Branch: <b>PROFESSOR; RESEARCH</b>		Exchange Visitor Program Number: <b>1-1-00183</b>	
2. Program Sponsor: <b>University of Pennay</b>		Exchange Visitor Program Number: _____		Exchange Visitor Program Number: _____	
Purpose of this form: <b>Continue Program Participation.</b>		3. Dates of Validity From (mm/dd/yyyy): <b>04-2003</b> To (mm/dd/yyyy): <b>09-03-2003</b>		4. Exchange Visitor Category: <b>RESEARCH SCHOLAR</b>	
5. Date of Issuance: _____		Subject Code: <b>51.1401</b>		Subject Code: <b>Med/Sci</b>	
6. U.S. DEPARTMENT OF STATE/INSURE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE 6-670).		7. James Finn		Alternate Responsible Officer	
<b>SAMPLE</b>		Signature of Responsible Officer or Alternate Responsible Officer		Signature of Responsible Officer or Alternate Responsible Officer	
		Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 7(b)(1) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-84 AS AMENDED. <i>See item 4(d) of page 2.</i> The Exchange Visitor is to share program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to the two-year residence requirement based on: A. <input type="checkbox"/> Government funding under: B. <input type="checkbox"/> The Exchange Visitor bill of Lard under: C. <input type="checkbox"/> PL 94-84 as amended.		TRAVEL VALIDATION BY RESPONSIBLE OFFICER <i>(Maximum validation period is one year.)</i> *EXCEPT - Maximum validation period is up to six months for Business Visitors and two months for Camp Counselors and Junior Travelers. The Exchange Visitor is in good standing at the present time. _____ Date (mm/dd/yyyy) Signature of Responsible Officer or Alternate Responsible Officer The Exchange Visitor is in good standing at the present time. _____ Date (mm/dd/yyyy) Signature of Responsible Officer or Alternate Responsible Officer			
THE U.S. DEPARTMENT OF STATE WILL RECALL THE FORM TO PROMOTE THE INTERESTS OF NATIONAL SECURITY. EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 7 on page 2 of this document.		Signature of Applicant _____ Date (mm/dd/yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm/dd/yyyy) _____			

I-94

742832036 01

SAMPLE

IMMIGRATION  
250 WAS 200

Immigration and  
Naturalization Service

I-94  
Departure Record

SEP 13 1991

ADMITTED B-2  
UNTIL July 10, 1993 (CLASS)

14 Family Name  
DOE

15 First (Given) Name  
JOHN

16 Birth Date (Day-Mo-Yr)  
11.04.62

17 Country of Citizenship  
U.K.


I-94 Arrival/Departure Record

I-94 number

# I-797 (H1b)

U.S. Department of Justice  
Immigration and Naturalization Service

## Notice of Action

UNITED STATES OF AMERICA	
RECEIPT NUMBER WAC-03-231-23456	CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
NOTICE DATE August 8, 1998	PETITIONER Syntel SYS INC
NOTICE DATE August 15, 1998	PAGE 1 of 1
Document #	Kumar Dev Notice Type: Approval Notice Class: H1B1 Valid from 01/01/1998 to 12/05/1999
The above petition and extension of stay have been approved for the named foreign worker in this classification is valid as indicated above. The foreign worker may work for the petitioner, but only as detailed in the petition and for the period authorized. Any change in employment requires a new petition. Authorization stems from the filing of this petition; separate employment authorization documents are required. Please contact the IRS with any questions about tax withholding.	
The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. The worker should keep the right part with his or her Form I-94, <i>Arrival-Departure Record</i> . This should be kept when departing the U.S. The left part is for his or her records. A person granted an extension of stay in the U.S. must normally obtain a new visa before returning. The left part can be used in applying for a visa if a visa is not required, he or she should present it, along with any other required documentation, to the consular officer at the port of entry or pre-flight inspection station. The Form I-824, <i>Application for Action on an Approved Application or Petition</i> , with this office to request a change of status, port of entry, or pre-flight inspection office of this approval.	
THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.	
Sample H1B Approval Notice - I797	
Please see the additional information on the back. You will be notified separately about any other cases you filed.	
IMMIGRATION & NATURALIZATION SERVICE CALIFORNIA SERVICE CENTER P. O. BOX 30111 LAGUNA HILLS, CA 92653-0111 Customer Service Telephone: (800) 375-5283	
Form I797A (Rev. 09/07/93)N	