

OMB No. 1651-0111

CBP Form I-94 (05/08)
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STAPLE HERE

I-94 Back
11" h x 4.5"w
Fonts:
Arial, Times

This Side For Government Use Only
Primary Inspection

Applicant's Name _____
Date Referred _____ Time _____ Insp. # _____

Reason Referred

☐ 212A ☐ ☐ ☐ PP ☐ Visa ☐ Parole ☐ L/O ☐ TWOV

Other _____

Secondary Inspection

End Secondary Time _____ Insp. # _____

Disposition _____

22. Occupation	23. Waivers
24. CIS A Number	25. CIS FCO
A-	
26. Petition Number	27. Program Number
28. ☐ Bond	29. ☐ Prospective Student

30. Itinerary/Comments

31. TWOV Ticket Number
| | | | | | | | | | | | | | | |

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number. The control number for this collection is 1651-0111. The estimated average time to complete this application is 8 minutes per respondent. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Asset Management, 1300 Pennsylvania Avenue, NW, Washington DC 20229

Warning A nonimmigrant who accepts unauthorized employment is subject to deportation.
Important Retain this permit in your possession; **you must surrender it when you leave the U.S.** Failure to do so may delay your entry into the U.S. in the future.
You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from Department of Homeland Security authorities, is a violation of the law.
Surrender this permit when you leave the U.S.:
- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official
Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 **prior to surrendering this permit.**

Record of Changes

Departure Record

Port: _____
Date: _____
Carrier: _____
Flight No./ Ship Name: _____