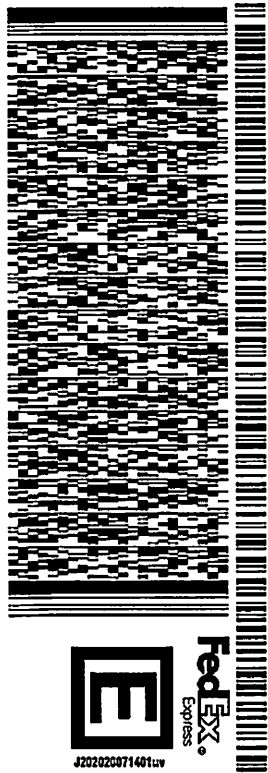


ORIGIN ID:EMTA (213) 740-5257
JOSEPH ELIAS
USC - FACULTY STAFF VISA SERVICES
3434 S. GRAND AVENUE CAL 302B
LOS ANGELES, CA 90009
UNITED STATES US

SHIP DATE: 21SEP20
ACTWGT: 1.00 LB
CAD: 101463005INVT4280
BILL SENDER

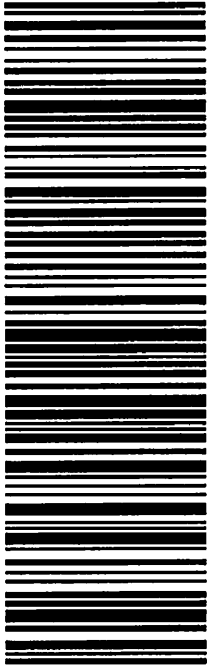
TO USCIS CALIFORNIA SERVICE CENTER
U.S. DEPT. OF HOMELAND SECURITY
24000 AVILA ROAD 2ND FLOOR, RM 2312

LAGUNA NIGUEL CA 92677
(213) 740-5257
REF: H1B COS JIANG XUEWEI
DEPT:
PO:



TRK# 7715 8685 9509
0201
TUE - 22 SEP 3:00P
STANDARD OVERNIGHT

WZ INSA
CA-US 92677
SNA



56B.J6/1545/8766

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

*****Premium Processing Eligible as a Cap Exempt Institution Petitioner*****

I-129 (H-1B) PETITION: CHANGE OF STATUS

Petitioner: The University of Southern California

Beneficiary: Xuewei JIANG

Fees:
I-907: \$1,440
I-129: \$460
Fraud Fee: \$500

DO NOT ACCEPT THIS CHECK UNLESS THE PINK LOCK & KEY ICONS FADE WHEN WARMED AND YOU CAN SEE A HEXAGON-SHAPED TRUE WATERMARK WHEN HELD TO THE LIGHT

USC University of Southern California
Disbursement Control
University Park • Los Angeles, CA 90089-8015
213 740-2281 • www.usc.edu/disbursement

70-2328
719 IL

No. 50820346
Check Date: August 14, 2020

U.S. Department of Homeland Security

Amount of: one thousand four hundred forty- Dollars Exactly*****

EXACTLY \$1,440.00

AMOUNT: *****\$1,440.00*

DO NOT ACCEPT THIS CHECK UNLESS THE PINK LOCK & KEY ICONS FADE WHEN WARMED AND YOU CAN SEE A HEXAGON-SHAPED TRUE WATERMARK WHEN HELD TO THE LIGHT

USC University of Southern California
Disbursement Control
University Park • Los Angeles, CA 90089-8015
213 740-2281 • www.usc.edu/disbursement

70-2328
719 IL

No. 50820347
Check Date: August 14, 2020

U.S. Department of Homeland Security

Amount of: four hundred sixty- Dollars Exactly*****

EXACTLY \$460.00

AMOUNT: *****\$460.00*

DO NOT ACCEPT THIS CHECK UNLESS THE PINK LOCK & KEY ICONS FADE WHEN WARMED AND YOU CAN SEE A HEXAGON-SHAPED TRUE WATERMARK WHEN HELD TO THE LIGHT

USC University of Southern California
Disbursement Control
University Park • Los Angeles, CA 90089-8015
213 740-2281 • www.usc.edu/disbursement

70-2328
719 IL

No. 50820348
Check Date: August 14, 2020

U.S. Department of Homeland Security

Amount of: five hundred Dollars Exactly*****

EXACTLY \$500.00

AMOUNT: *****\$500.00*

12 Contains Security Features Details on Back.

U.S. Department of Homeland Security
442 W. 91st Place
Mail Operations Program Mgr
Los Angeles, CA 90003
United States

James Hester

America P10015808
cial Disbursement
pk, IL

CHECK IS VOID 180 DAYS
AFTER ISSUE DATE

0820348 071923284 7765200619

DO NOT BREATHE ON THE PINK LOCK & KEY ICONS COLOR WILL FADE AND THEN REAPPEAR ON AN AUTHENTIC CHECK IF COLOR DOES NOT FADE DO NOT ACCEPT



September 29, 2020

U.S.D.H.S. – Citizenship and Immigration Services
California Service Center
ATTN: CAP EXEMPT H-1B Premium Processing Unit
24000 Avila Road, 2nd Floor
Laguna Niguel, CA 92677
By FedEx

*****Request for Premium Processing***
Cap Exempt**

Re: H-1B NONIMMIGRANT PETITION – CHANGE OF STATUS

Petitioner: The University of Southern California (USC)
Beneficiary: Dr. Xuewei JIANG
Position: Assistant Professor of Finance and Business Economics

Dear Sir or Madam:

Please find enclosed our I-129 petition to classify Dr. Xuewei Jiang as an H-1B non-immigrant worker for a temporary period at the University of Southern California’s Marshall School of Business, Department of Finance and Business Economics as the Assistant Professor of Finance and Business Economics in Los Angeles, California.

Please find enclosed in connection with our petition the following documents and supporting exhibits:

- Form I-907, Request for Premium Processing;
- Form I-129 with H Supplement and Data Collection;
- Certified ETA Form 9035 LCA;
- Copy of Beneficiary’s qualifying education documents;
- Copy of Beneficiary’s EAD;
- Copy of Beneficiary’s all I-20s;
- Copy of Beneficiary’s three most recent pay statements (June to August 2020) to demonstrate the maintenance of status;

- Copy of Beneficiary's most recent I-94;
- Copy of Beneficiary's F-1 Visa Stamp; and
- Copy of Beneficiary's passport biographic page.

The Petitioner

Founded in 1880, the University of Southern California (USC) is the oldest independent, private research university in the American West, and one of the largest private employers in the city of Los Angeles.

USC's University Park Campus, located in the heart of Los Angeles' Downtown Arts and Education Corridor, is home to the USC College of Letters, Arts and Sciences and many professional schools. The Health Sciences Campus, to the northeast of downtown Los Angeles, is home to the Keck School of Medicine of USC, the School of Pharmacy, three major teaching hospitals and programs in Occupational Science and Occupational Therapy, and Biokinesiology and Physical Therapy. USC also has programs and centers in Marina Del Rey, Orange County, Sacramento, Washington, D.C., Catalina Island, Alhambra and around Southern California.

In academic year 2019-2020, the university enrolled over 48,000 students and employed over 28,800 faculty and staff. USC is a nonprofit, public benefit corporation.

USC Marshall School of Business

Since its founding in 1920, the USC Marshall School of Business has capitalized on its location in Los Angeles—a global center for arts, technology, and international trade—to shape the role, nature, and reach of business education worldwide. Embracing the high-velocity changes in business, technology, and global connectivity, the School continues to create transformative new programs for undergraduates, graduate students, and faculty, securing its place among the world's elite business schools

Faculty and students in the Finance and Business Economics Department examine economic decision-making and the role of markets in the allocation of real and financial resources. Using perspectives from both finance and economics, our faculty illuminates issues in corporate finance, investments, speculative and financial markets, real estate,

insurance, banking, industrial organization, taxation, and in the making of related public policies. We place equal emphasis on primary theory and its application to the real problems that practitioners face when doing business.

The Position

The University of Southern California would like to offer Dr. Xuewei Jiang the professional, specialized position of Assistant Professor of Finance and Business Economics with USC's Marshall School of Business, Department of Finance and Business Economics on a temporary basis. The specialized duties include, but not limited to, the following:

- Conduct a full program of scholarly research and publish research in top ranking journals in finance and economics. The current researches focus on the financing and liquidity issues of non-bank lenders in the US residential mortgage market.
 - Empirically and theoretically studying how financial intermediaries make financing and investment decisions in different competitive and regulatory environments. This research focuses on the role of financial intermediation in the economy, and critical in evaluating the effects of various policies and regulations on economic growth.
 - Studying household's investment and borrowing behaviors. This research focuses on household finance that facilitates the creation of new insights about the financial system, as household's investment and borrowing connect different financial industries, e.g. commercial banks, insurance companies, and mutual funds.

- Teach and develop courses in the area of business economics at the undergraduate, graduate, and PhD levels. Responsibilities include time spent in preparing and developing finance and business economic classes; maintaining and improving competence in finance; conferring with students on course materials; interacting with students in classes; reviewing written examinations; supervising group projects; advising students on academic advancement.

The specific teaching assignment for the candidate would be FBE 215X: Foundations of Business Finance; this course introduces undergraduate students to (1) Principles and practices of modern

financial management; (2) use of financial statements; (3) valuation of investment; (4) asset pricing under uncertainty; and (5) elements of financial decisions.

- Provide service to the Department, School, University, and Profession. (
 - Serve on Department, School, and University Committees. Regular participation in essential non-teaching and non-research functions of the Finance and Business Economics Department, Marshall School of Business, and the University. This also includes participation in (i) committees responsible for faculty recruitment and doctoral student recruitment and training, and (ii) meetings responsible for course curriculum improvement and other department decisions.
 - Mentor students and advise them in their career path and Ph.D. studies. Responsibilities include directing dissertations of Ph.D. students; assisting students' research development and job placement.
 - Participate in professional conferences and seminars and reviewing papers for academic journals. Active involvement with leading scholars in the US and the world to acquire and expand the latest knowledge. Attending seminars held at the University as well as professional conferences and workshops hosted at other universities. Serving the profession by peer-reviewing papers in top finance and economics journals.

The individual selected for this position must attain at least a Ph.D. degree in Finance in order to qualify for this professional and specialty occupation as an Assistant Professor of Finance and Business Economics at the USC's Marshall School of Business, Department of Finance and Business Economics.

The Beneficiary

Dr. Xuewei Jiang is qualified to undertake the temporary responsibilities of an Assistant Professor of Finance and Business Economics at the University of Southern California's Marshall School of Business, based on her education alone. Dr. Jiang was awarded her Ph.D. degree in Finance from The University of Texas at Austin in Austin, Texas in May 2020.


Conclusion

Based on our need for the professional services of an Assistant Professor of Finance and Business Economics, and on Dr. Xuewei Jiang's excellent and professional qualifications in precisely the areas required for the position, we respectfully request your assistance in facilitating her assignment to our faculty.

Dr. Xuewei Jiang is currently with F-1 student status, and thus we would like to submit this petition to change her status to an H-1B non-immigrant temporary worker at the University of Southern California.

Your prompt attention to this matter will be greatly appreciated.

Yours truly,



Joseph I. Elias, Esq.
Director, Faculty/Staff Visa Services



Request for Premium Processing Service

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-907
OMB No. 1615-0048
Expires 04/30/2020

For USCIS Use Only	Request Physically Received by USCIS	Returned	Resubmitted	Receipt
	Date _____	Date _____	Date _____	
	Date _____	Date _____	Date _____	Action Block
Remarks				

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
--	--	--	---

▶ **START HERE** - Type or print in black ink.

Part 1. Information About the Person Filing This Request

1. Alien Registration Number (A-Number) (if any) 2. USCIS Online Account Number (if any)

▶ A- ▶

3. Family Name (Last Name) Given Name (First Name) Middle Name

4. Company or Organization Named in the Related Case (If filed on behalf of a company or organization)

5. Mailing Address

In Care Of Name

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

6. Is your current mailing address the same as your physical address? Yes No

If you answered "No" to Item Number 6., provide your physical address in Item Number 7.

Part 1. Information About the Person Filing This Request (continued)

7. Physical Address

Street Number and Name

Same as in Part 1, No. 5

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

8. Request for Premium Processing Service (select **only one** box):

- I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, if Form G-28 or Form G-28I has not been submitted with the petition.)
- I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28 or Form G-28I, if Form G-28 or Form G-28I has not been submitted with the application.)

Part 2. Information About the Request

- | | | |
|---|--|--|
| 1. Form Number of Related Petition or Application | 2. Receipt Number of Related Petition or Application | 3. Classification or Eligibility Requested |
| I-129H | Concurrently Filed | H-1B |
4. Petitioner or Applicant in the Related Case
- | | | |
|-------------------------|-------------------------|-------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| | | |
5. Beneficiary in the Related Case
- | | | |
|-------------------------|-------------------------|-------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| JIANG | Xuewei | |
6. Name of Point of Contact for the Company or Organization
- | | | |
|-------------------------|-------------------------|-------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| ELIAS | Joseph | I |
- Position Title
- Director, Faculty/Staff Visa Services
7. Company or Organization IRS Employer Identification Number (EIN) (if any)
- 951642394

Part 2. Information About the Request (continued)**8. Address of Petitioner, Applicant, Company, or Organization Named in Related Case**

Street Number and Name

Same as in Part 1, No. 5

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature**NOTE:** Read the **Penalties** section of the Form I-907 Instructions before completing this section.

I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in **Part 1.** of this request if USCIS does not take an action on the related case within 15 calendar days after the appropriate USCIS office physically receives this request. I understand that case actions include a referral for investigation of suspected fraud, misrepresentation, or the issuance of an approval notice, a request for evidence, a notice of intent to deny, or a denial notice.

Requestor's Statement**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.****1. Requestor's Statement Regarding the Interpreter**

- A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. The interpreter named in **Part 4.** read to me every question and instruction on this request and my answer to every question in _____, a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer

- At my request, the preparer named in **Part 5.**, _____, prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information**3. Requestor's Daytime Telephone Number**

(213) 740-5257

4. Requestor's Mobile Telephone Number (if any)**5. Requestor's Fax Number (if any)**

(213) 821-7877

6. Requestor's Email Address (if any)

fsvsmail@usc.edu

Requestor's Declaration and Certification



Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature
(continued)

I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.

Requestor's Signature

7. Requestor's Signature Date of Signature (mm/dd/yyyy)
 

NOTE TO ALL REQUESTORS: If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in Part 3., Item B. in Item Number 1., and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the Requestor's Declaration and Certification, and has verified the accuracy of every answer.

Part 4. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

7. Interpreter's Signature _____ Date of Signature (mm/dd/yyyy) _____

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) _____ Preparer's Given Name (First Name) _____
2. Preparer's Business or Organization Name (if any) _____

Preparer's Mailing Address

3. Street Number and Name _____ Apt. Ste. Flr. Number

City or Town _____ State _____ ZIP Code _____
Province _____ Postal Code _____ Country _____

Preparer's Contact Information

4. Preparer's Daytime Telephone Number _____ 5. Preparer's Mobile Telephone Number (if any) _____
6. Preparer's Email Address (if any) _____

Preparer's Statement

7.A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor with the requestor's consent.
B. I am an attorney or accredited representative and my representation of the requestor in this case
 extends does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28 or Form G-28I with this request.

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 6. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3.A. Page Number 3.B. Part Number 3.C. Item Number

3.D.

4.A. Page Number 4.B. Part Number 4.C. Item Number

4.D.

5.A. Page Number 5.B. Part Number 5.C. Item Number

5.D.



Petition for a Nonimmigrant Worker

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2021

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
	Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted	

► **START HERE - Type or print in black ink.**

Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1**. If you are a company or an organization filing this petition, complete **Item Number 2**.

1. Legal Name of Individual Petitioner

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Company or Organization Name

<input type="text" value="University of Southern California"/>
--

3. Mailing Address of Individual, Company or Organization

In Care Of Name			
<input type="text" value="Joseph I. Elias, Esq., Director, Faculty/Staff Visa Services"/>			
Street Number and Name	Apt. Ste. Flr.	Number	
<input type="text" value="3434 South Grand Avenue"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="CAL 302"/>
City or Town	State	ZIP Code	
<input type="text" value="Los Angeles"/>	<input type="text" value="CA"/>	<input type="text" value="90089-2812"/>	
Province	Postal Code	Country	
<input type="text"/>	<input type="text"/>	<input type="text" value="United States"/>	

4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
<input type="text" value="(213) 740-5257"/>	<input type="text"/>	<input type="text" value="fsvsmail@usc.edu"/>

5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (if any)
► <input type="text" value="951642394"/>	► <input type="text"/>	► <input type="text"/>

Part 2. Information About This Petition (See instructions for fee information)

1. Requested Nonimmigrant Classification (Write classification symbol): H-1B

2. Basis for Classification (select only one box):
 - a. New employment.
 - b. Continuation of previously approved employment without change with the same employer.
 - c. Change in previously approved employment.
 - d. New concurrent employment.
 - e. Change of employer.
 - f. Amended petition.

3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None." ▶ N o n e

4. Requested Action (select only one box):
 - a. Notify the office in Part 4. so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
 - b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in Item Number 2., above.
 - c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 - d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 - e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
 - f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)

5. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.) ▶ One (1)

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

1. If an Entertainment Group, Provide the Group Name

2. Provide Name of Beneficiary

Family Name (Last Name)	Given Name (First Name)	Middle Name
JIANG	Xuewei	

3. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)	Given Name (First Name)	Middle Name
JIANG	Erica	

4. Other Information

Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)
03/13/1993	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	▶ x x x x x 3 2 1 5

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

Alien Registration Number (A-Number) Country of Birth
 ▶ A- **1 1 6 5 6 4 7 4 9** **China**

Province of Birth Country of Citizenship or Nationality
Shandong **China**

5. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number
02/14/2020 ▶ **4 9 0 4 5 9 7 9 7 A 2** **G49056249**

Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Passport or Travel Document Country of Issuance
03/04/2011 **03/03/2021** **China**

Current Nonimmigrant Status Date Status Expires or D/S (mm/dd/yyyy)
F-1 **D/S**

Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any)
N0008342296 **YSC2090171865**

6. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name Apt. Ste. Flr. Number
1000 Escalon Avenue **K2087**

City or Town State ZIP Code
Sunnyvale **CA** **94085**

Part 4. Processing Information

1. If a beneficiary or beneficiaries named in Part 3. is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

a. Type of Office (select only one box): Consulate Pre-flight inspection Port of Entry

b. Office Address (City)

Beijing

c. U.S. State or Foreign Country

China

d. Beneficiary's Foreign Address

Street Number and Name Apt. Ste. Flr. Number
79 Huangtai South Road **1-1-401**

City or Town State
Jinan

Province Postal Code Country
Shandong **250014** **China**

2. Does each person in this petition have a valid passport? Yes No. If no, go to **Part 10.** and type or print your explanation.

Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?
 Yes. If yes, how many? ▶ No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.
 Yes. If yes, how many? ▶ No
5. Are you filing any applications for dependents with this petition?
 Yes. If yes, how many? ▶ No
6. Is any beneficiary in this petition in removal proceedings?
 Yes. If yes, proceed to **Part 10.** and list the beneficiary's(ies) name(s). No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?
 Yes. If yes, how many? ▶ No
8. Did you indicate you were filing a new petition in **Part 2.**?
 Yes. If yes, answer the questions below. No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 10.** and type or print your explanation. No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 10.** and type or print your explanation. No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
 Yes. If yes, proceed to **Part 10.** and type or print your explanation. No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
 Yes. If yes, proceed to **Part 10.** and type or print your explanation. No **N/A**
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
 Yes. If yes, proceed to **Item Number 11.b.** No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

- | | |
|--|--|
| 1. Job Title
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Assistant Professor of Finance & Business Economics</div> | 2. LCA or ETA Case Number
<div style="border: 1px solid black; padding: 2px; display: inline-block;">I-200-20252-809324</div> |
|--|--|

Part 5. Basic Information About the Proposed Employment and Employer (continued)

3. Address where the beneficiary(ies) will work if different from address in Part 1.
Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
4. Did you include an itinerary with the petition? Yes No
5. Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No
6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? Yes No
7. Is this a full-time position? Yes No
8. If the answer to Item Number 7. is no, how many hours per week for the position? ▶
9. Wages: \$ per (Specify hour, week, month, or year) ▶
10. Other Compensation (Explain)
Standard USC employee benefits.

11. Dates of intended employment From: (mm/dd/yyyy) To: (mm/dd/yyyy)
12. Type of Business 13. Year Established
14. Current Number of Employees in the United States 15. Gross Annual Income 16. Net Annual Income

Part 6. Information About The Beneficiary's Public Benefits

Part 6. only applies to petitions that also seek a change of a beneficiary's status or an extension of a beneficiary's nonimmigrant stay in the United States. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip **Part 6.**

Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in **Attachment 1** below.

Part 6. Information About The Beneficiary's Public Benefits (continued)

1. Has the beneficiary received, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, the following public benefits? (select all that apply).

Yes, the beneficiary has received or is currently certified to receive the following public benefits: (select all that apply)

- Any Federal, State, local or tribal cash assistance for income maintenance
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
- Section 8 Housing Assistance under the Housing Choice Voucher Program
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
- Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
- Federally-Funded Medicaid

No, the beneficiary has not received any of the above listed public benefits.

No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in Part 10. **Additional Information.** Submit evidence as outlined in the Instructions.

A. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

B. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

C. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

Part 6. Information About The Beneficiary's Public Benefits (continued)

D. Type of Benefit

[Empty box for Type of Benefit]

Agency that Granted the Benefit

[Empty box for Agency that Granted the Benefit]

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

[Empty box for Date the Beneficiary Started Receiving the Benefit]

Date Benefit Ended or Expires
(mm/dd/yyyy)

[Empty box for Date Benefit Ended or Expires]

3. If you answered "Yes" to **Item Number 1.**, do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.

- The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- None of the above statements apply to the beneficiary.

4.a. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.

- An emergency medical condition
- For a service under the Individuals with Disabilities Education Act (IDEA)
- Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
- While under the of age 21
- While pregnant or during the 60-day period following the last day of pregnancy

4.b. Provide the applicable dates From: (mm/dd/yyyy) [Empty box] To: (mm/dd/yyyy) [Empty box]

Part 7. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

- 1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
- 2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 8. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

Family Name (Last Name)

ELIAS

Given Name (First Name)

Joseph

Title

Director, Faculty/Staff Visa Services

2. Signature and Date

Signature of Authorized Signatory



Date of Signature (mm/dd/yyyy)

9/29/2020

3. Signatory's Contact Information

Daytime Telephone Number

(213) 740-5257

Email Address (if any)

elias@usc.edu

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 9. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)

Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

3. Preparer's Mailing Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Preparer's Contact Information

Daytime Telephone Number

Fax Number

Email Address (if any)

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer

Date of Signature (mm/dd/yyyy)

Part 10. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of Part 10. to complete and file with this petition. In order to assist us in reviewing your response, you must identify the Page Number, Part Number and Item Number corresponding to the additional information.

1. A-Number ▶ A-

1	1	6	5	6	4	7	4	9
---	---	---	---	---	---	---	---	---

2. **Page Number**

5

Part Number

5

Item Number

3

Additional Worksite (see attached certified LCA):
1000 Escalon Avenue, #K2087, Sunnyvale, CA 94085

3. **Page Number**

--

Part Number

--

Item Number

--

4. **Page Number**

--

Part Number

--

Item Number

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H Classification Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2021

1. Name of the Petitioner

University of Southern California

Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries

2.a. Name of the Beneficiary

Xuewei JIANG

OR

2.b. Provide the total number of beneficiaries

[Empty box for number of beneficiaries]

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last six years (beneficiaries requesting H-2A or H-2B classification need only list the last three years). Be sure to only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. (If more space is needed, attach an additional sheet.)

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From	To
N/A		

4. Classification sought (select **only one** box):

- a. H-1B Specialty Occupation
- b. H-1B1 Chile and Singapore
- c. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- d. H-1B3 Fashion model of distinguished merit and ability
- e. H-2A Agricultural worker
- f. H-2B Non-agricultural worker
- g. H-3 Trainee
- h. H-3 Special education exchange visitor program

5. If you selected a. or d. in Item Number 4., and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption), provide the Beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).

N/A

6. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?

- Yes
- No

7. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?

Yes No

8.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

Yes. If yes, please explain in Item Number 8.b. No

8.b. Explanation

Section 1. Complete This Section If Filing for H-1B Classification

1. Describe the proposed duties.

Please see attached Supporting Letter.

2. Describe the beneficiary's present occupation and summary of prior work experience.

Please see attached Supporting Letter.

Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

Signature of Petitioner: *Joseph I. Elias* Name of Petitioner: Joseph I Elias, Dir., Faculty/Staff Visa Services Date (mm/dd/yyyy): 9/29/2020

Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer: *Joseph I. Elias* Name of Authorized Official of Employer: Joseph I Elias, Dir., Faculty/Staff Visa Services Date (mm/dd/yyyy): 9/29/2020

Statement for H-1B U.S. Department of Defense Projects Only

I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

Signature of DOD Project Manager: [] Name of DOD Project Manager: [] Date (mm/dd/yyyy): []



H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2021

1. Name of the Petitioner

University of Southern California

2. Name of the Beneficiary

Xuwei JIANG

Section 1. General Information

1. Employer Information - (select all items that apply)

- a. Is the petitioner an H-1B dependent employer? Yes No
- b. Has the petitioner ever been found to be a willful violator? Yes No
- c. Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements? Yes No
 - c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? Yes No
 - c.2. Or is it because the beneficiary has a master's degree or higher degree in a specialty related to the employment? Yes No
- d. Does the petitioner employ 50 or more individuals in the United States? Yes No
 - d.1. If yes, are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status? Yes No

2. Beneficiary's Highest Level of Education (select only one box)

- a. NO DIPLOMA
- b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for example: GED)
- c. Some college credit, but less than 1 year
- d. One or more years of college, no degree
- e. Associate's degree (for example: AA, AS)
- f. Bachelor's degree (for example: BA, AB, BS)
- g. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- h. Professional degree (for example: MD, DDS, DVM, LLB, JD)
- i. Doctorate degree (for example: PhD, EdD)

3. Major/Primary Field of Study

Finance

4. Rate of Pay Per Year

\$228,000

5. DOT Code

0 9 0

6. NAICS Code

6 1 1 3 1 0

Section 2. Fee Exemption and/or Determination

In order for USCIS to determine if you must pay the additional \$1,500 or \$750 American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions:

- 1. Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? Yes No
- 2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in 8 CFR 214.2(h)(19)(iii)(B)? Yes No

Section 2. Fee Exemption and/or Determination (continued)

- 3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? Yes No
- 4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien? Yes No
- 5. Is this an amended petition that does not contain any request for extensions of stay? Yes No
- 6. Are you filing this petition to correct a USCIS error? Yes No
- 7. Is the petitioner a primary or secondary education institution? Yes No
- 8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution? Yes No

If you answered yes to any of the questions above, you are not required to submit the ACWIA fee for your H-1B Form I-129 petition. If you answered no to all questions, answer **Item Number 9.** below.

- 9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? **N/A** Yes No

If you answered yes, to **Item Number 9.** above, you are required to pay an additional ACWIA fee of \$750. If you answered no, then you are required to pay an additional ACWIA fee of \$1,500.

NOTE: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional \$500 Fraud Prevention and Detection fee. For petitions filed on or after December 18, 2015, an additional fee of \$4,000 must be submitted if you responded yes to **Item Numbers 1.d. and 1.d.1. of Section 1.** of this supplement. This \$4,000 fee was mandated by the provisions of Public Law 114-113.

The Fraud Prevention and Detection Fee and Public Law 114-113 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fees when you submit this form. Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.

Section 3. Numerical Limitation Information

- 1. Specify the type of H-1B petition you are filing. (select **only one** box):

- a. CAP H-1B Bachelor's Degree
- b. CAP H-1B U.S. Master's Degree or Higher
- c. CAP H-1B1 Chile/Singapore
- d. CAP Exempt

- 2. If you answered **Item Number 1.b. "CAP H-1B U.S. Master's Degree or Higher,"** provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):

- a. Name of the United States Institution of Higher Education

- b. Date Degree Awarded
- c. Type of United States Degree

- d. Address of the United States institution of higher education

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Section 3. Numerical Limitation Information (continued)

3. If you answered **Item Number 1.d. "CAP Exempt,"** you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:
- a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).
 - b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(ii)(F)(2).
 - c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(ii)(F)(3).
 - d. The beneficiary will be employed at a qualifying cap exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(ii)(F)(4).
 - e. The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.
 - f. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.
 - g. The beneficiary of this petition has been counted against the cap and (1) is applying for the remaining portion of the 6 year period of admission, or (2) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).
 - h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

Section 4. Off-Site Assignment of H-1B Beneficiaries

1. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought. Yes No
- If no, do not complete **Item Numbers 2.** and **3.**
2. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification. Yes No
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. Yes No

Labor Condition Application for Nonimmigrant Workers
 Form ETA-9035 & 9035E
 U.S. Department of Labor



Please read and review the filing instructions carefully before completing the Form ETA- 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor (DOL). For all submissions, both electronic (Form ETA- 9035E) or paper (Form ETA- Form 9035 where the employer has notified DOL that it will submit this form non-electronically due to a disability or received permission from DOL to file non-electronically due to lack of Internet access), ALL required fields/items containing an asterisk (*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *	H-1B
--	------

B. Temporary Need Information

1. Job Title * Assistant Professor of Finance and Business Economics																	
2. SOC (ONET/OES) code * 25-1063.00	3. SOC (ONET/OES) occupation title * Economics Teachers, Postsecondary																
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment																
	5. Begin Date * 10/16/2020 <small>(mm/dd/yyyy)</small>																
	6. End Date * 10/15/2023 <small>(mm/dd/yyyy)</small>																
7. Worker positions needed/basis for the visa classification supported by this application																	
<table border="1"> <tr> <td>1</td> <td>Total Worker Positions Being Requested for Certification *</td> </tr> <tr> <td colspan="2">Basis for the visa classification supported by this application <i>(indicate total workers in each applicable category)</i></td> </tr> <tr> <td>1</td> <td>a. New employment *</td> </tr> <tr> <td>0</td> <td>b. Continuation of previously approved employment without change with the same employer*</td> </tr> <tr> <td>0</td> <td>c. Change in previously approved employment *</td> </tr> <tr> <td>0</td> <td>d. New concurrent employment *</td> </tr> <tr> <td>0</td> <td>e. Change in employer *</td> </tr> <tr> <td>0</td> <td>f. Amended petition *</td> </tr> </table>		1	Total Worker Positions Being Requested for Certification *	Basis for the visa classification supported by this application <i>(indicate total workers in each applicable category)</i>		1	a. New employment *	0	b. Continuation of previously approved employment without change with the same employer*	0	c. Change in previously approved employment *	0	d. New concurrent employment *	0	e. Change in employer *	0	f. Amended petition *
1	Total Worker Positions Being Requested for Certification *																
Basis for the visa classification supported by this application <i>(indicate total workers in each applicable category)</i>																	
1	a. New employment *																
0	b. Continuation of previously approved employment without change with the same employer*																
0	c. Change in previously approved employment *																
0	d. New concurrent employment *																
0	e. Change in employer *																
0	f. Amended petition *																

C. Employer Information

1. Legal business name * The University of Southern California		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 * USC Faculty/Staff Visa Services		
4. Address 2 3434 South Grand Avenue, CAL 302		
5. City * Los Angeles	6. State * California	7. Postal code * 90089
8. Country * United States Of America		9. Province
10. Telephone number * +1 (213) 740-5257		11. Extension
12. Federal Employer Identification Number (FEIN from IRS) * 95-1642394		13. NAICS code (must be at least 4-digits) * 611310



Labor Condition Application for Nonimmigrant Workers
 Form ETA-9035 & 9035E
 U.S. Department of Labor

D. Employer Point of Contact Information

Important Note: The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s)
ELIAS	Joseph	Ibrahim
4. Contact's job title *		
Director, Faculty/Staff Visa Services		
5. Address 1 *		
USC Faculty/Staff Visa Services		
6. Address 2		
3434 South Grand Avenue, CAL 302		
7. City *	8. State *	9. Postal code *
Los Angeles	California	90089
10. Country *	11. Province	
United States Of America		
12. Telephone number *	13. Extension	14. E-Mail address
+1 (213) 740-5257		elias@usc.edu

E. Attorney or Agent Information (If applicable)

Important Note: The employer authorizes the attorney or agent identified in this section to act on its behalf in connection with the filing of this application.

1. Is the employer represented by an attorney or agent in the filing of this application? *		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," complete the remainder of Section E below.			
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s)	
5. Address 1 §			
6. Address 2			
7. City §	8. State §	9. Postal code §	
10. Country §	11. Province		
12. Telephone number §	13. Extension	14. E-Mail address	
15. Law firm/Business name §		16. Law firm/Business FEIN §	
17. State Bar number (only if attorney) §		18. State of highest court where attorney is in good standing (only if attorney) §	
19. Name of the highest State court where attorney is in good standing (only if attorney) §			

Labor Condition Application for Nonimmigrant Workers
 Form ETA-9035 & 9035E
 U.S. Department of Labor



F. Employment and Wage Information

Important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 1

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*		1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.*		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. §		
4. Address 1 *		
USC Marshall Dept. of Finance and Business Economics		
5. Address 2		
701 Exposition Boulevard, HOH 331		
6. City *		7. County *
Los Angeles		Los Angeles
8. State/District/Territory *		9. Postal code *
California		90089
10. Wage Rate Paid to Nonimmigrant Workers *		10a. Per: (Choose only one)*
From* \$ 226100 . 00 To: \$ 233000 . 00		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing Wage Rate *		11a. Per: (Choose only one)*
\$ 86830 . 00		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *		
12.	A Prevailing Wage Determination (PWD) issued by the Department of Labor	a. PWD tracking number §
<input checked="" type="checkbox"/>	A PW obtained independently from the Occupational Employment Statistics (OES) Program	
	a. Wage Level (check one): § <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year § 7/1/2020 - 6/30/2021
14.	A PW obtained using another legitimate source (other than OES) or an independent authoritative source	
	a. Source Type (check one): § <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey	b. Source Year §
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §	
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §	



Labor Condition Application for Nonimmigrant Workers
 Form ETA-9035 & 9035E
 U.S. Department of Labor

G. Employer Labor Condition Statements

! Important Note: In order for your application to be processed, you **MUST** read Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements summarized below:

- (1) **Wages:** The employer shall pay nonimmigrant workers at least the prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as compensation for services on the same basis as the employer offers to U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, or E-3 program functions which are required to be performed by the employer. This includes expenses related to the preparation and filing of this LCA and related visa petition information. 20 CFR 655.731;
- (2) **Working Conditions:** The employer shall provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to this LCA is employed by the employer, whichever is longer. 20 CFR 655.732;
- (3) **Strike, Lockout, or Work Stoppage:** At the time of filing this LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733; and
- (4) **Notice:** Notice of the LCA filing was provided no more than 30 days before the filing of this LCA or will be provided on the day this LCA is filed to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of employment either by electronic or physical posting. This notice was or will be posted for a total period of 10 days, except that if employees are provided individual direct notice by e-mail, notification need only be given once. A copy of the notice documentation will be maintained in the employer's public access file. A copy of this LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) report to work at the place(s) of employment, provide a signed copy of the certified LCA to the worker(s) working pursuant to this LCA. 20 CFR 655.734.

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section G of the Form ETA-9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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H. Additional Employer Labor Condition Statements –H-1B Employers ONLY

! Important Note: In order for your H-1B application to be processed, you **MUST** read Section H – Subsection 1 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

1. At the time of filing this LCA, is the employer H-1B dependent? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. At the time of filing this LCA, is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" is marked in questions H.1 and/or H.2, you must answer "Yes" or "No" regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? §	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If "Yes" is marked in question H.3, identify the statutory basis for the exemption of the H-1B nonimmigrant workers associated with this LCA. §	<input type="checkbox"/> \$60,000 or higher annual wage <input type="checkbox"/> Master's Degree or higher in related specialty <input type="checkbox"/> Both
H-1B Dependent or Willful Violator Employers -Master's Degree or Higher Exemptions ONLY	
5. Indicate whether a completed Appendix A is attached to this LCA covering any H-1B nonimmigrant worker for whom the statutory exemption will be based <u>ONLY</u> on attainment of a Master's Degree or higher in related specialty. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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 Form ETA-9035 & 9035E
 U.S. Department of Labor

If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you **MUST** read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

- A. **Displacement:** An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c);
- B. **Secondary Displacement:** An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and
- C. **Recruitment and Hiring:** Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.739.

6. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. §	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

I. Public Disclosure Information

! Important Note: You must select one or both of the options listed in this Section.

1. Public disclosure information in the United States will be kept at: *	<input checked="" type="checkbox"/> Employer's principal place of business <input type="checkbox"/> Place of employment
--	--

J. Notice of Obligations

- A. Upon receipt of the certified LCA, the employer must take the following actions:
 - o Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));
 - o Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2); 20 CFR 655.730(c)(3); and 20 CFR 655.760); and
 - o Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.S. or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).
- B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(iv)).
- C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act (20 CFR 655.760 and 20 CFR Subpart I).

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge, the information contained therein is true and accurate. I understand that to knowingly furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Last (family) name of hiring or designated official * ELIAS	2. First (given) name of hiring or designated official * Joseph	3. Middle initial § I
4. Hiring or designated official title * Director, Faculty/Staff Visa Services		
5. Signature * 	6. Date signed * 9/29/2020	

Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor



K. LCA Preparer

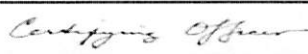
Important Note: Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name § CHAN	2. First (given) name § Han-Chih	3. Middle initial
4. Firm/Business name § The University of Southern California		
5. E-Mail address § fsvsmail@usc.edu		

L. U.S. Government Agency Use (ONLY)

By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 10/16/2020 to 10/15/2023.


Department of Labor, Office of Foreign Labor Certification

9/15/2020
Certification Date (date signed)

I-200-20252-809324
Case number

Certified
Case Status

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.

M. Signature Notification and Complaints

The signatures and dates signed on this form will not be filled out when electronically submitting to the Department of Labor for processing, but **MUST** be complete when submitting non-electronically. If the application is submitted electronically, any resulting certification **MUST** be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.

Complaints alleging misrepresentation of material facts in the LCA and/or failure to comply with the terms of the LCA may be filed using the WH-4 Form with any office of the Wage and Hour Division, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at www.dol.gov/whd. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with the U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, 950 Pennsylvania Avenue, NW, # IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at www.justice.gov. Please note that complaints should be filed with the Civil Rights Division, Immigrant and Employee Rights Section at the Department of Justice only if the violation is by an employer who is H-1B dependent or a willful violator as defined in 20 CFR 655.710(b) and 655.734(a)(1)(ii).

N. OMB Paperwork Reduction Act (1205-0310)

These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Your response is required to receive the benefit of consideration of your application. (Immigration and Nationality Act, Section 212(n) and (t) and 214(c)). Public reporting burden for this collection of information, which is to assist with program management and to meet Congressional and statutory requirements, is estimated to average 75 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Foreign Labor Certification, 200 Constitution Ave., NW, Box PPII 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**



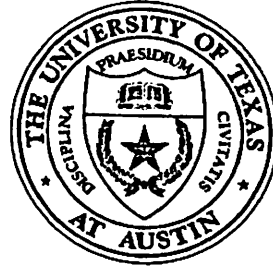
Labor Condition Application for Nonimmigrant Workers
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F. Employment and Wage Information

Important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 2

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*		1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.*		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. §		
4. Address 1 * 1000 Escalon Avenue		
5. Address 2 #K2087		
6. City * Sunnyvale		7. County * Santa Clara
8. State/District/Territory * California		9. Postal code * 94085
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ 226100 . 00 To: \$ 233000 . 00		10a. Per: (Choose only one)* <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing Wage Rate * \$ 77950 . 00		11a. Per: (Choose only one)* <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *		
12.	A Prevailing Wage Determination (PWD) issued by the Department of Labor	a. PWD tracking number §
13.	<input checked="" type="checkbox"/> A PW obtained independently from the Occupational Employment Statistics (OES) Program	b. Source Year §
	a. Wage Level (check one): § <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	7/1/2020 - 6/30/2021
14.	A PW obtained using another legitimate source (other than OES) or an independent authoritative source	b. Source Year §
	a. Source Type (check one): § <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey	
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §	
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §	



THE UNIVERSITY OF TEXAS AT AUSTIN

has conferred on

Xuewei Jiang

the degree of

Doctor of Philosophy

and all the rights and privileges thereto appertaining.

*In Witness Whereof, this diploma duly signed has
been issued and the seal of the University affixed.*

Issued by the Board of Regents upon Recommendation of the Faculty.

AWARDED ON THIS TWENTY-THIRD DAY OF MAY, 2020

Handwritten signature of the Chairman of the Board of Regents.

CHAIRMAN, BOARD OF REGENTS

Handwritten signature of the President.

PRESIDENT

Handwritten signature of the Chancellor.

CHANCELLOR

Handwritten signature of the Dean.

DEAN

THE UNIVERSITY OF TEXAS AT AUSTIN

OFFICE OF THE REGISTRAR, MAIN BLDG. ROOM 1, AUSTIN, TX 78712-1157, (512) 475-7575

FICE CODE: 3658 IPEDS CODE: 228778 ATP CODE: 6882 ACT CODE: 4240

FACSIMILE TRANSCRIPT

NAME: JIANG, XUEWEI

STUDENT ID: XXX-XX-7465
DOB: 03/13/93

DATE: 07/15/20
PAGE: 1

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DEGREES AWARDED BY THE UNIVERSITY OF TEXAS AT AUSTIN:

DEGREE: MASTER OF SCIENCE IN FINANCE
DATE: MAY 20, 2017
MAJOR: FINANCE

DEGREE: DOCTOR OF PHILOSOPHY
DATE: MAY 23, 2020
MAJOR: FINANCE

ATTENDED: BAYLOR UNIVERSITY FALL 2011 SPRING 2015
DEGREE AWARDED: B B A SPRING 2015

COURSEWORK UNDERTAKEN AT THE UNIVERSITY OF TEXAS AT AUSTIN

FALL SEMESTER 2015 GRADUATE SCHOOL
ECO 385C PROBABILITY AND STATISTICS 3.0 A
ECO 386C MICROECONOMICS I 3.0 A-
ECO 387C MACROECONOMICS I 3.0 A-
HRS UNDERTAKEN 9 HRS PASSED 9 GPA HRS 9 GR PTS 34.02 GPA 3.7800

SPRING SEMESTER 2016 GRADUATE SCHOOL
FIN 395 3-ASSET PRICING THEORY 3.0 A
ECO 386D MICROECONOMICS II 3.0 A
ECO 388C ECONOMETRICS I 3.0 A-
HRS UNDERTAKEN 9 HRS PASSED 9 GPA HRS 9 GR PTS 35.01 GPA 3.8900

SUMMER SEMESTER 2016 GRADUATE SCHOOL
FIN F395 7-SUMMER RESEARCH TOPICS 3.0 A
HRS UNDERTAKEN 3 HRS PASSED 3 GPA HRS 3 GR PTS 12.00 GPA 4.0000

FALL SEMESTER 2016 GRADUATE SCHOOL
FIN 395 4-EMPIRICAL METHODS ASSET PRICING 3.0 A-
FIN 395 5-CORPORATE FINANCE-PHD 3.0 A-
ECO 388D ECONOMETRICS II 3.0 A
HRS UNDERTAKEN 9 HRS PASSED 9 GPA HRS 9 GR PTS 34.02 GPA 3.7800

SPRING SEMESTER 2017 GRADUATE SCHOOL
FIN 395 10-EMPIRICAL METHODS IN CORP FIN 3.0 A
R M 391 MATHEMATICS IN FINANCE 3.0 A
ECO 384K EMPIRICAL INDUSTRIAL ORGANIZATION 3.0 A
HRS UNDERTAKEN 9 HRS PASSED 9 GPA HRS 9 GR PTS 36.00 GPA 4.0000

SUMMER SEMESTER 2017 GRADUATE SCHOOL
FIN F395 7-SUMMER RESEARCH TOPICS 3.0 A
HRS UNDERTAKEN 3 HRS PASSED 3 GPA HRS 3 GR PTS 12.00 GPA 4.0000

MORE WORK ON NEXT PAGE

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FICE CODE: 3658 IPEDS CODE: 228778 ATP CODE: 6882 ACT CODE: 4240

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FALL SEMESTER 2017		GRADUATE SCHOOL							
B A	398T	SUPV TEACH IN BUSINESS ADMIN				3.0	A		
FIN	395	6-CURRENT RESEARCH TPCS IN FIN				3.0	A		
FIN	395	9-APPLIED FINANCE RESEARCH				3.0	A		
HRS UNDERTAKEN	9	HRS PASSED	9	GPA HRS	9	GR PTS	36.00	GPA	4.0000
SPRING SEMESTER 2018		GRADUATE SCHOOL							
FIN	395	6-CURRENT RESEARCH TPCS IN FIN				3.0	A		
FIN	395	9-APPLIED FINANCE RESEARCH				3.0	A		
ECO	384H	PUBLIC SECTOR MICROECONOMICS				3.0	A		
HRS UNDERTAKEN	9	HRS PASSED	9	GPA HRS	9	GR PTS	36.00	GPA	4.0000
SUMMER SEMESTER 2018		GRADUATE SCHOOL							
FIN	F395	7-SUMMER RESEARCH TOPICS				3.0	A		
HRS UNDERTAKEN	3	HRS PASSED	3	GPA HRS	3	GR PTS	12.00	GPA	4.0000
FALL SEMESTER 2018		GRADUATE SCHOOL							
B A	391	1-SPEC STDS: FINANCE				3.0	A		
FIN	395	6-CURRENT RESEARCH TPCS IN FIN				3.0	A		
FIN	395	9-APPLIED FINANCE RESEARCH				3.0	A		
HRS UNDERTAKEN	9	HRS PASSED	9	GPA HRS	9	GR PTS	36.00	GPA	4.0000
SPRING SEMESTER 2019		GRADUATE SCHOOL							
B A	391	1-SPEC STDS: FINANCE				3.0	A		
FIN	395	6-CURRENT RESEARCH TPCS IN FIN				3.0	A		
FIN	395	9-APPLIED FINANCE RESEARCH				3.0	A		
HRS UNDERTAKEN	9	HRS PASSED	9	GPA HRS	9	GR PTS	36.00	GPA	4.0000
SUMMER SEMESTER 2019		GRADUATE SCHOOL							
FIN	F395	7-SUMMER RESEARCH TOPICS				3.0	A		
HRS UNDERTAKEN	3	HRS PASSED	3	GPA HRS	3	GR PTS	12.00	GPA	4.0000
FALL SEMESTER 2019		GRADUATE SCHOOL							
FIN	395	6-CURRENT RESEARCH TPCS IN FIN				3.0	A		
FIN	395	9-APPLIED FINANCE RESEARCH				3.0	A		
FIN	399W	DISSERTATION				3.0	CR		
HRS UNDERTAKEN	9	HRS PASSED	9	GPA HRS	6	GR PTS	24.00	GPA	4.0000
SPRING SEMESTER 2020		GRADUATE SCHOOL							
FIN	395	6-CURRENT RESEARCH TPCS IN FIN				3.0	A		
FIN	395	9-APPLIED FINANCE RESEARCH				3.0	A		
FIN	399W	DISSERTATION				3.0	CR		
HRS UNDERTAKEN	9	HRS PASSED	9	GPA HRS	6	GR PTS	24.00	GPA	4.0000
CUMULATIVE TOTALS EARNED AS A GRADUATE STUDENT AT U.T. AUSTIN									
HRS UNDERTAKEN	102	HRS PASSED	102	GPA HRS	96	GR PTS	379.05	GPA	3.9484

MORE WORK ON NEXT PAGE

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OFFICE OF THE REGISTRAR, MAIN BLDG. ROOM 1, AUSTIN, TX 78712-1157, (512) 475-7575

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*** END OF TRANSCRIPT ***

TSI STATUS INFORMATION

TSI AREA	TSI STATUS	EXPLANATION
ALL	EXEMPT	DEGREE HOLDER

TEC 51.907 UNDERGRADUATE COURSE DROP COUNTER: X

FACSIMILE TRANSCRIPT

THE UNIVERSITY OF TEXAS AT AUSTIN
Office of the Registrar

SEMESTERS, SESSIONS, AND TERMS: An academic year consists of consecutive fall and spring semesters and the following summer session. A semester normally is about sixteen weeks long. The summer session comprises a first term (f) and a second term (s) each six weeks in duration; work also is offered on a nine-week basis (n) and a whole-session or twelve-week basis (w). The same academic credit is given for a course whether it is taken in the long session or the summer session.

ACADEMIC CREDIT: The unit of measure for academic credit is the semester hour. Most courses meet three hours a week in the long-session semester and have a credit value of three semester hours. The same courses meet for seven and one-half hours a week in a six-week summer term and have a credit value of three semester hours. For students enrolled in graduate programs, GPA hours and hours-passed reflect only those graduate-level courses (excluding thesis, dissertation, report, and treatise) and certain in-residence upper-division undergraduate courses taken while the student was enrolled in the Graduate School. Upper-division undergraduate courses taken in the fall of 1999 through the summer session of 2008 are not included.

COURSE NUMBERING SYSTEM: Courses are designated by a three-digit number or a three-digit number with a capital letter affixed. The first digit in the course number indicates the value of the course: 001-099 indicates zero credit value; 101-199 indicates one semester hour credit; 201-299 indicates two semester hours credit; 301-399 indicates three semester hours credit; and so on. The last two digits indicate the rank of the course: 01-19 indicates lower-division rank; 20-79 indicates upper-division rank; and 80-99 indicates graduate rank.

All courses in the School of Law and some courses in the College of Pharmacy are considered professional rank.

Two courses with the same abbreviation and the same last two digits may not both be counted for credit by a student unless the two digits are followed by a capital letter. Some courses may be repeated for credit. Those courses are indicated in the University's catalogs.

PREFIXES AND SUFFIXES: The suffix letters A, B, and X, Y, Z indicate that a part of the course was given. A suffix of A or B divides the course into two parts; X, Y, or Z divides the course into three parts. In each case, the semester-hour credit given for the course is reduced accordingly.

The prefix letters f, s, n, and w indicate the terms of the summer session (see above) in which the course was offered: f indicates first term; s indicates second term; n indicates nine-week session; and w indicates whole session.

For grading systems used prior to 1979, contact the Office of the Registrar.

GRADE		GRADE PTS PER SEM HR
	1979-1980 through 2004-2005	
A	EXCELLENT	4
B	ABOVE AVERAGE	3
C	AVERAGE	2
D	PASS	1
F	FAILURE	0
I	PERMANENT INCOMPLETE (effective fall 1997)	na ¹
X	TEMPORARY DELAY OF FINAL COURSE GRADE	na ¹
CR	CREDIT	na ¹
NC	NO CREDIT	na ¹
*	COURSE IS CONTINUING	na ¹
Q	OFFICIALLY DROPPED THE COURSE	na ¹
W	OFFICIALLY WITHDREW FROM THE UNIVERSITY	na ¹
#	COURSE GRADE NOT REPORTED BY FACULTY	na ¹
S	SATISFACTORY (DEV courses only)	na ¹
U	UNSATISFACTORY (DEV courses only)	na ¹
	2005-2006 to the present	
A	EXCELLENT ³	4.00
A-		3.67
B+		3.33
B	ABOVE AVERAGE ³	3.00
B-		2.67
C+		2.33
C	AVERAGE ³	2.00
C-		1.67
D+		1.33
D		1.00
D-	PASS ³	0.67
F	FAILURE ³	0.00
I	PERMANENT INCOMPLETE	na ¹
X	TEMPORARY DELAY OF FINAL COURSE GRADE	na ¹
CR	CREDIT	na ¹
NC	NO CREDIT	na ¹
*	COURSE IS CONTINUING	na ¹

Q	OFFICIALLY DROPPED THE COURSE	na ¹
W	OFFICIALLY WITHDREW FROM THE UNIVERSITY	na ¹
#	COURSE GRADE NOT REPORTED BY FACULTY	na ¹
S	SATISFACTORY (DEV courses only)	na ¹
U	UNSATISFACTORY (DEV courses only)	na ¹

Through the summer session of 2009, plus and minus grades are reserved for graduate, graduate business, and law students enrolled in graduate-level, non-law courses. Beginning fall of 2009, plus and minus grades are valid for all students.

A course dropped by the twelfth class day of a long-session semester (fourth class day of a summer session term) is not entered on the permanent academic record. Prior to fall 1981, NC grades did not appear on the transcript.

SCHOOL OF LAW

Prior to 1990-1991	1990-1991 - Present	Grade Points Per Sem Hr. ²
The School of Law employed a numeric grading system with the following alpha equivalents:	Letter Grade	
85 - 100 = A	A+	4.3
75 - 84 = B	A	4.0
65 - 74 = C	B+	3.7
60 - 64 = D	B	3.3
BELOW 60 = F	B-	3.0
	C+	2.7
	C	2.3
	D	2.0
	F	1.7
		1.3

1. na = not applicable to gpa calculation
2. Official grade point averages are not calculated for students in the School of Law.
3. Grade interpretation is applicable to undergraduate students.

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

JIANG XUEWEI 13 MAR



Surname
JIANG

Given Name
XUEWEI

USCIS#

116-564-749

Category Card#

C03B YSC2090171865

Country of Birth

China, People's Republic

Terms and Conditions

Stu: Post-Completion Opt

Date of Birth

13 MAR 1993

Sex

F

Valid From:

06/01/20

Card Expires:

05/31/21

Fingerprint
not
available

NOT VALID FOR REENTRY TO U.S.

SEVIS ID: N0008342296

SURNAME/PRIMARY NAME JIANG	GIVEN NAME XUEWEI	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME XUEWEI JIANG	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
CITY OF BIRTH JINAN	DATE OF BIRTH 13 MARCH 1993	
FORM ISSUE REASON CONTINUED ATTENDANCE	ADMISSION NUMBER 490459797A2	

SCHOOL INFORMATION	
SCHOOL NAME University of Texas at Austin University of Texas at Austin	SCHOOL ADDRESS ISSS, International Office, P.O. Box A, Austin, TX 78713
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Andrew Jacob International Student Advisor	SCHOOL CODE AND APPROVAL DATE SNA214F00332000 25 JANUARY 2003

PROGRAM OF STUDY		
EDUCATION LEVEL DOCTORATE	MAJOR 1 Financial Mathematics 27.0305	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 13 AUGUST 2015	PROGRAM START/END DATE 13 AUGUST 2015 - 23 MAY 2020	

FINANCIALS	
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS	
Tuition and Fees	\$ 9,500
Living Expenses	\$ 17,000
Expenses of Dependents (0)	\$
Other	\$
TOTAL	\$ 26,500
STUDENT'S FUNDING FOR: 9 MONTHS	
Personal Funds	\$ 0
Fellowship/TA	\$ 26,500
Funds From Another Source	\$
On-Campus Employment	\$
TOTAL	\$ 26,500

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 _____ **DATE ISSUED** 11 March 2020 **PLACE ISSUED** Austin, TX

SIGNATURE OF: Andrew Jacob, International Student Advisor

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 _____ **DATE** 03/11/2020

SIGNATURE OF: XUEWEI JIANG

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

SEVIS ID: N0008342296 (F-1)

NAME: XUEWEI JIANG

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	REQUESTED	01 JUNE 2020	31 MAY 2021

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
21 JANUARY 2020	23 MAY 2020

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Andrew Vijay Jacob, International Student Advisor		X <i>Nij Jacob</i>	03/11/2020	Austin, TX
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa (unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

SEVIS ID: N0008342296

SURNAME/PRIMARY NAME JIANG PREFERRED NAME XUEWEI JIANG COUNTRY OF BIRTH CHINA DATE OF BIRTH 13 MARCH 1993 FORM ISSUE REASON CONTINUED ATTENDANCE		GIVEN NAME XUEWEI PASSPORT NAME COUNTRY OF CITIZENSHIP CHINA ADMISSION NUMBER LEGACY NAME Xuewei Jiang	Class of Admission <h1 style="text-align: center;">F-1</h1> ACADEMIC AND LANGUAGE
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SCHOOL INFORMATION SCHOOL NAME University of Texas at Austin University of Texas at Austin SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Alicia Wright Assistant Int'l Student Advisor	SCHOOL ADDRESS ISSS, International Office, P.O. Box A, Austin, TX 78713 SCHOOL CODE AND APPROVAL DATE SNA214F00332000 25 JANUARY 2003
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PROGRAM OF STUDY		
EDUCATION LEVEL DOCTORATE	MAJOR 1 Financial Mathematics 27.0305	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 13 AUGUST 2015	PROGRAM START/END DATE 13 AUGUST 2015 - 31 MAY 2020	

FINANCIALS		STUDENT'S FUNDING FOR: 9 MONTHS	
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS			
Tuition and Fees	\$ 9,500	Personal Funds	\$ 0
Living Expenses	\$ 17,000	Fellowship/TA	\$ 26,500
Expenses of Dependents (0)	\$	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 26,500	TOTAL	\$ 26,500

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 *Alicia Wright* **DATE ISSUED** **PLACE ISSUED**
 SIGNATURE OF: Alicia Wright, Assistant Int'l Student 05 April 2019 Austin, TX
 Advisor

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 *Xuewei Jiang* **DATE**
 SIGNATURE OF: XUEWEI JIANG 12/13/2019

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

SEVIS ID: N0008342296 (F-1)

NAME: XUEWEI JIANG

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE
22 JANUARY 2019

CURRENT SESSION END DATE
25 MAY 2019

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Alicia Wright, Assistant International Student Advisor		x <i>Alicia Wright</i>	4-8-19	Austin TX
		x		
		x		
		x		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa (unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

SEVIS ID: N0008342296

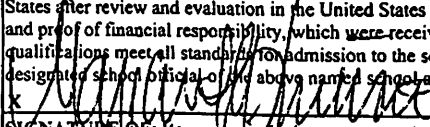
SURNAME/PRIMARY NAME Jiang	GIVEN NAME Xuewei	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Xuewei Jiang	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 13 MARCH 1993	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Xuewei Jiang	

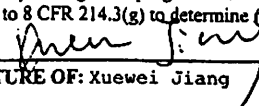
SCHOOL INFORMATION	
SCHOOL NAME University of Texas at Austin University of Texas at Austin	SCHOOL ADDRESS University of Texas at Austin, Austin, TX 78705
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Margaret Luévano Assistant Director	SCHOOL CODE AND APPROVAL DATE SNA214F00332000 25 JANUARY 2003

PROGRAM OF STUDY		
EDUCATION LEVEL DOCTORATE	MAJOR 1 Finance, General 52.0801	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 60 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 13 AUGUST 2015	PROGRAM END DATE 31 MAY 2020	

FINANCIALS	
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS	STUDENT'S FUNDING FOR: 9 MONTHS
Tuition and Fees \$ 9,500	Personal Funds \$ 0
Living Expenses \$ 17,000	Fellowship/TA \$ 26,500
Expenses of Dependents (0) \$	Funds From Another Source \$
Other \$	On-Campus Employment \$
TOTAL \$ 26,500	TOTAL \$ 26,500

REMARKS
Transfer completed on 08/25/15.

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.		
	DATE ISSUED 16 September 2015	PLACE ISSUED Austin, TX
SIGNATURE OF: Margaret Luévano, Assistant Director		

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.			
<input checked="" type="checkbox"/>		DATE 11/30/2015	
SIGNATURE OF: Xuewei Jiang			
<input checked="" type="checkbox"/>	SIGNATURE	ADDRESS (city/state or province/country)	DATE
NAME OF PARENT OR GUARDIAN			

SEVIS ID: N0008342296 (F-1)

NAME: Xuewei Jiang

EMPLOYMENT AUTHORIZATION

EMPLOYMENT STATUS	TYPE
EMPLOYMENT START DATE	EMPLOYMENT END DATE
EMPLOYER NAME	EMPLOYER LOCATION
COMMENTS	

CHANGE OF STATUS/CAP-GAP EXTENSION

REQUESTED VISA TYPE	REQUEST/PETITION STATUS	RECEIPT NUMBER	BENEFIT START DATE/REQUEST DATE
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EVENT HISTORY

EVENT NAME	EVENT DATE
Registration	25 AUGUST 2015

OTHER AUTHORIZATIONS

AUTHORIZATION	START DATE	END DATE
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TRAVEL ENDORSEMENT

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

SCHOOL OFFICIAL	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Margaret Y. Luevano	Assistant Director	<i>[Signature]</i>	09/16/2015	Austin, TX
Evelyn Hill	Assistant International Student Advisor	<i>[Signature]</i>	7/14/16	AUSTIN, TX
Andrea Loera	Assistant International Student Advisor	<i>[Signature]</i>	7-7-17	AUSTIN, TX
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa (unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. The Department of Homeland Security (DHS) requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. The Department of Homeland Security (DHS) may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and The Department of Homeland Security use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

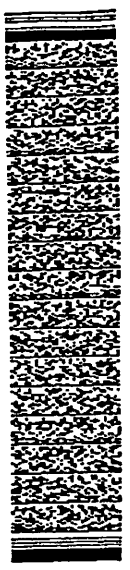
SEVIS

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): Jiang	
First (given) Name: Xuewei	Middle Name:
Country of birth: CHINA	Date of birth (mo/day/year): 03/13/1993
Country of citizenship: CHINA	Admission number:
2. School (School district) name: University of Texas at Austin University of Texas at Austin	
School Official to be notified of student's arrival in U.S. (Name and Title): Erica Sowder Int'l Student Advisor	
School address (include zip code): ISSS, International Office P.O. Box A Austin, TX 78713-8901	
School code (including 3-digit suffix, if any) and approval date: SNA214F00332000 approved on 01/25/2003	

For Immigration Official User	
Visa issuing post	Date Visa Issued
Reinstated, extension granted to:	

Student's Copy
#008342296



3. This certificate is issued to the student named above for:
Transfer Pending From: Baylor University
4. Level of education the student is pursuing or will pursue in the United States:
DOCTORATE
5. The student named above has been accepted for a full course of study at this school, majoring in **Finance, General**. The student is expected to report to the school no later than **08/13/2015** and complete studies not later than **05/31/2020**. The normal length of study is **60** months.
6. English proficiency:
This school requires English proficiency. The student has the required English proficiency.
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 | \$ | <u>9,500.00</u> |
| b. Living expenses | \$ | <u>17,000.00</u> |
| c. Expenses of dependents (0) | \$ | <u>0.00</u> |
| d. Other (specify): | \$ | <u>0.00</u> |
| Total | \$ | <u>26,500.00</u> |

8. This school has information showing the following as the student's means of support, estimated for an academic term of **9** months (Use the same number of months given in item 7).
- | | | |
|------------------------------------|----|------------------|
| a. Student's personal funds | \$ | <u>0.00</u> |
| b. Funds from this school | \$ | <u>26,500.00</u> |
| Specify type: Fellowship/TA | | |
| c. Funds from another source | \$ | <u>0.00</u> |
| Specify type: _____ | | |
| d. On-campus employment | \$ | <u>0.00</u> |
| Total | \$ | <u>26,500.00</u> |
9. Remarks: _____

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.

Erica Sowder	Int'l Student Advisor	06/10/2015	Austin, TX
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.

Xuewei Jiang	Xuewei Jiang	06/15/2015
Name of Student	Signature of Student	Date

Name of parent or guardian If student under 18	Signature of parent or guardian	Address (city)	(State or Province) (Country)	(Date)
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Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The information solicited will be used by the Department of State and the Immigration and Naturalization Service to determine eligibility for the benefits requested.

INSTRUCTIONS TO DESIGNATED SCHOOL OFFICIALS

1. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact or using any false document in the submission of this form. Designated school officials should consult regulations pertaining to the issuance of Form I-20 A-B at 8 CFR 214.3(k) before completing this form. Failure to comply with these regulations may result in the withdrawal of the school approval for attendance by foreign students by the Immigration and Naturalization Service (8 CFR 214.4).

2. **ISSUANCE OF FORM I-20 A-B.** Designated school officials may issue a Form I-20 A-B to a student who fits into one of the following categories, if the student has been accepted for full-time attendance at the institution: a) a prospective F-1 nonimmigrant student; b) an F-1 transfer student; c) an F-1 student advancing to a higher educational level at the same institution; d) an out of status student seeking reinstatement. The form may also be issued to the dependent spouse or child of an F-1 student for securing entry into the United States.

When issuing a Form I-20 A-B, designated school officials should complete the student's admission number whenever possible to ensure proper data entry and record keeping.

3. **ENDORSEMENT OF PAGE 3 FOR REENTRY.** Designated school officials may endorse page 3 of the Form I-20 A-B for reentry if the student and/or the F-2 dependents is to leave the United States temporarily. This should be done only when the information on the Form I-20 remains unchanged. If there have been substantial changes in item 4, 5, 7, or 8, a new Form I-20 A-B should be issued.

4. **REPORTING REQUIREMENT.** Designated school officials should always forward the top page of the form I-20 A-B to the INS data processing center at P.O. Box 140, London, Kentucky 40741 for data entry except when the form is issued to an F-1 student for initial entry or reentry into the United States, or for reinstatement to student status. (Requests for reinstatement should be sent to the Immigration and Naturalization Service district office having jurisdiction over the student's temporary residence in this country.)

The INS data processing center will return this top page to the issuing school for disposal after data entry and microfilming.

5. **CERTIFICATION.** Designated school officials should certify on the bottom part of page 1 of this form that the Form I-20 A-B is completed and issued in accordance with the pertinent regulations. The designated school official should remove the carbon sheet from the completed and signed Form I-20 A-B before forwarding it to the student.

6. **ADMISSION RECORDS.** Since the Immigration and Naturalization Service may request information concerning the student's immigration status for various reasons, designated school officials should retain all evidence which shows the scholastic ability and financial status on which admission was based, until the school has reported the student's termination of studies to the Immigration and Naturalization Service.

INSTRUCTIONS TO STUDENTS

1. **Student Certification.** You should read everything on this page carefully and be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before you sign the student certification on the bottom part of page 1. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

2. **ADMISSION.** A nonimmigrant student may be admitted for duration of status. This means that you are authorized to stay in the United States for the entire length of time during which you are enrolled as a full-time student in an educational program and any period of authorized practical training plus sixty days. While in the United States, you must maintain a valid foreign passport unless you are exempt from passport requirements.

You may continue from one educational level to another, such as progressing from high school to a bachelor's program or a bachelor's program to a master's program, etc., simply by invoking the procedures for school transfers.

3. **SCHOOL.** For initial admission, you must attend the school specified on your visa. If you have a Form I-20 A-B from more than one school, it is important to have the name of the school you intend to attend specified on your visa. Failure to attend the specified school will result in the loss of your student status and subject you to deportation.

4. **REENTRY.** A nonimmigrant student may be readmitted after a temporary absence of five months or less from the United States, if the student is otherwise admissible. You may be readmitted by presenting a valid foreign passport, a valid visa, and either a new Form I-20 A-B or a page 3 of the Form I-20 A-B (the I-20 ID Copy) properly endorsed for reentry if the information on the I-20 form is current.

5. **TRANSFER.** A nonimmigrant student is permitted to transfer to a different school provided the transfer procedure is followed. To transfer schools, you should first notify the school you are attending of the intent to transfer, then obtain a Form I-20 A-B from the school you intend to attend. Transfer will be effected only if you return the Form I-20 A-B to the designated school official within 15 days of beginning attendance at the new school. The designated school official will then report the transfer to the Immigration and Naturalization Service.

6. **EXTENSION OF STAY.** If you cannot complete the educational program after having been in student status for longer than the anticipated length of the program plus a grace period in a single educational level, or for more than eight consecutive years, you must apply for extension of stay. An application for extension of stay on a Form I-538 should be filed with the Immigration and Naturalization Service district office having jurisdiction over your school at least 15 days but no more than 60 days before the expiration of your authorized stay.

7. **EMPLOYMENT.** As an F-1 student, you are not permitted to work off campus or to engage in business without specific employment authorization. After your first year in F-1 student status, you may apply for employment authorization on Form I-538 based on financial needs arising after receiving student status, or the need to obtain practical training.

8. **Notice of Address.** If you move, you must submit a notice within 10 days of the change of address to the Immigration and Naturalization Service. (Form AR-11 is available at any INS office.)

9. **Arrival/Departure.** When you leave the United States, you must surrender your Form I-94 Departure Record. Please see back side of Form I-94 for detailed instructions. You do not have to turn in the I-94 if you are visiting Canada, Mexico, or adjacent islands other than Cuba for less than 30 days.

10. **Financial Support.** You must demonstrate that you are financially able to support yourself for the entire period of stay in the United States while pursuing a full course of study. You are required to attach documentary evidence of means of support.

11. **Authorization to Release Information by School.** To comply with requests from the United States Immigration & Naturalization Service for information concerning your immigration status, you are required to give authorization to the named school to release such information from your records. The school will provide the Service your name, country of birth, current address, and any other information on a regular basis or upon request.

12. **Penalty.** To maintain your nonimmigrant student status, you must be enrolled as a full-time student at the school you are authorized to attend. You may engage in employment only when you have received permission to work. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

AUTHORITY FOR COLLECTING. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The information solicited will be used by the Department of State and the Immigration and Naturalization Service to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection or information. Send comments regarding this burden estimated or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Justice, Immigration and Naturalization Service (Room 2011), Washington, D.C. 20536; and to the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1653-0038, Washington, D.C. 20503.

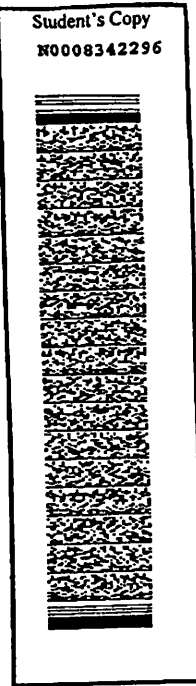
NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING
RATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY
MIGRATION AND NATURALIZATION SERVICE OFFICE.

SEVIS

FAMILYNAME: Jiang FIRST NAME: Xuewei
Primary Major: 52.0801 Finance, General

Student Employment Authorization:

Employment Status: _____ Type: _____
Duration of Employment - From (Date): _____ To (Date): _____
Employer Name: _____
Employer Location: _____



Comments:

Event History
Event Name: _____ Event Date: _____

Current Authorizations: _____ Start Date: _____ End Date: _____

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States.
Each certification signature is valid for one year.

Name of School:

<u>Erica Sowder</u>		<u>Int'l Student Advisor</u>	<u>06/10/2015</u>	<u>Austin, TX</u>
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)


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

SEVIS

1. Family Name (surname): Jiang	
First (given) Name: Xuewei	Middle Name:
Country of birth: CHINA	Date of birth(mo/day/year): 03/13/1993
Country of citizenship: CHINA	Admission number:

For Immigration Official User	
Visa issuing post	Date Visa Issued
Reinstated, extension granted to:	

Student's Copy
N0008342296



2. School (School district) name: Baylor University Baylor University (Waco, Texas)	
School Official to be notified of student's arrival in U.S.(Name and Title): Leslie Hicks Administrative Associate	
School address (include zip code): One Bear Place #97381 Waco, TX 76798-7381	
School code (including 3-digit suffix, if any) and approval date: SNA214F00338000 approved on 01/25/2003	

3. This certificate is issued to the student named above for:
Continued 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 **Business/Commerce, General**.
The student is expected to report to the school no later than **08/15/2011** and complete studies not later than **05/20/2015**. The normal length of study is **48** months.
6. English proficiency:
**This school requires English proficiency.
The student has the required English proficiency.**
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 | \$ | <u>31,753.00</u> |
| b. Living expenses | \$ | <u>12,250.00</u> |
| c. Expenses of dependents (u) | \$ | <u>0.00</u> |
| d. Other (specify): Health Insuran | \$ | <u>1,550.00</u> |
| Total | \$ | <u>45,553.00</u> |

8. This school has information showing the following as the student's means of support, estimated for an academic term of **9** months (Use the same number of months given in item 7).
- | | | |
|--|-----------|-------------------------|
| a. Student's personal funds | \$ | <u>0.00</u> |
| b. Funds from this school | \$ | <u>12,500.00</u> |
| Specify type: <u>Provost Gold Scholarship</u> | | |
| c. Funds from another source | \$ | <u>33,053.00</u> |
| Specify type: <u>Mother</u> | | |
| d. On-campus employment | \$ | <u>0.00</u> |
| Total | \$ | <u>45,553.00</u> |

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.

Leslie Hicks	<i>(Signature)</i>	Administrative Associate	05/09/2014	Waco, TX
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.

XUEWEI JIANG	<i>(Signature)</i>	05/12/2014
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				



University of Southern California 3551 Trousdale Parkway ADM 352 Los Angeles, CA 90089-5013

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Xuwei Jiang	University of Southern California	2062305	08/01/2020	08/31/2020	08/26/2020	

	Hours Worked	Gross Pay	Pre Tax Deductions	Statutory Taxes	Post Tax Deductions	Net Pay
Current	0.00	25,333.34	400.49	10,424.16	0.00	14,508.69
YTD	0.00	63,333.35	809.84	25,123.38	0.00	37,400.13

Earnings					Statutory Taxes			
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Core Earnings	08/01/2020-08/31/2020		025,333.34	12,666.67	12,666.67	OASDI	1,545.84	3,876.46
Research Supplemental F08/01/2020-08/15/2020		0	0	12,666.67	50,666.68	Medicare	361.53	906.59
						Federal Withholding	6,264.41	14,838.29
						State Tax - CA	2,252.38	5,502.04
Earnings					25,333.34	63,333.35	Statutory Taxes	
							10,424.16	25,123.38

Pre Tax Deductions			
Description	Amount	YTD	
Dental-Delta Dental-Employee Contribution	20.00	40.00	
Medical-USC Trojan Care EPO-Employee Contribution	144.00	144.00	
Tobacco Free Incentive	-25.00	-25.00	
USC Voluntary Disability (VDI) - CA	251.85	631.56	
Vision-VSP-Employee Contribution	9.64	19.28	
Pre Tax Deductions		400.49	809.84

Employer Paid Benefits			Subject or Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
Dental-Delta Dental-Employer Contribution	28.00	56.00	OASDI - Taxable Wages	24,932.85	62,523.51
Medical-USC Trojan Care EPO-Employer Contrit	554.08	554.08	Medicare - Taxable Wages	24,932.85	62,523.51
MN Life - Basic AD&D Insurance	0.12	0.12	Federal Withholding - Taxable Wages	24,932.85	62,523.51
MN Life - Basic Term Life Insurance	5.65	5.65			
Tobacco Free Incentive-Employer	25.00	25.00			
Employer Paid Benefits			Subject or Taxable Wages		
		612.85			640.85

Marital Status	Federal		State		Absence Plans			
	Married filing jointly (or Qualifying widow(er))	Married filing jointly (or Qualifying widow(er))	Married filing jointly (or Qualifying widow(er))	Married filing jointly (or Qualifying widow(er))	Description	Accrued	Reduced	Available
Allowances	0	0	0	0	Sick	3.01	0	3.01
Additional Withholding	0	0	0	0				

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Bank of America	Bank of America *****0894	*****0894		14,508.69 USD



University of Southern California 3551 Trousdale Parkway ADM 352 Los Angeles, CA 90089-5013

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Xuwei Jiang	University of Southern California	2062305	07/01/2020	07/31/2020	07/24/2020	

	Hours Worked	Gross Pay	Pre Tax Deductions	Statutory Taxes	Post Tax Deductions	Net Pay
Current	0.00	25,333.34	282.68	10,487.09	0.00	14,563.57
YTD	0.00	38,000.01	409.35	14,699.22	0.00	22,891.44

Earnings						Statutory Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Research Supplemental	07/01/2020-07/31/2020	0	0	25,333.34	38,000.01	OASDI	1,563.14	2,330.62
						Medicare	363.23	545.06
						Federal Withholding	6,305.65	8,573.88
						State Tax - CA	2,265.07	3,249.66
Earnings						Statutory Taxes		
				25,333.34	38,000.01			10,487.09
								14,699.22

Pre Tax Deductions			
Description	Amount	YTD	
Dental-Delta Dental-Employee Contribution	20.00	20.00	
USC Voluntary Disability (VDI) - CA	253.04	379.71	
Vision-VSP-Employee Contribution	9.64	9.64	
Pre Tax Deductions		282.68	409.35

Employer Paid Benefits			Subject or Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
Dental-Delta Dental-Employer Contribution	28.00	28.00	OASDI - Taxable Wages	25,050.66	37,590.66
			Medicare - Taxable Wages	25,050.66	37,590.66
			Federal Withholding - Taxable Wages	25,050.66	37,590.66
Employer Paid Benefits					
		28.00			
		28.00			

	Federal	State
Marital Status	Married filing jointly (or Qualifying widow(er))	Married filing jointly (or Qualifying widow(er))
Allowances	0	0
Additional Withholding	0	0

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Bank of America	Bank of America *****0894	*****0894		14,563.57 USD



University of Southern California 3551 Trousdale Parkway ADM 352 Los Angeles, CA 90089-5013

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Xuwei Jiang	University of Southern California	2062305	06/01/2020	06/30/2020	06/26/2020	

	Hours Worked	Gross Pay	Pre Tax Deductions	Statutory Taxes	Post Tax Deductions	Net Pay
Current	0.00	12,666.67	126.67	4,212.13	0.00	8,327.87
YTD	0.00	12,666.67	126.67	4,212.13	0.00	8,327.87

Earnings						Statutory Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Research Supplemental F06/16/2020-06/30/2020		0	0	12,666.67	12,666.67	OASDI	777.48	777.48
						Medicare	181.83	181.83
						Federal Withholding	2,268.23	2,268.23
						State Tax - CA	984.59	984.59
Earnings						Statutory Taxes		
				12,666.67	12,666.67			4,212.13
								4,212.13

Pre Tax Deductions			
Description	Amount	YTD	
USC Voluntary Disability (VDI) - CA	126.67	126.67	
Pre Tax Deductions		126.67	126.67

Subject or Taxable Wages			
Description	Amount	YTD	
OASDI - Taxable Wages	12,540.00	12,540.00	
Medicare - Taxable Wages	12,540.00	12,540.00	
Federal Withholding - Taxable Wages	12,540.00	12,540.00	

	Federal	State
Marital Status	Married filing jointly (or Qualifying widow(er))	Married filing jointly (or Qualifying widow(er))
Allowances	0	0
Additional Withholding	0	

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Bank of America	Bank of America *****0894	*****0894		8,327.87 USD

 For: XUEWEI JIANG



Most Recent I-94

Admission (I-94) Record Number :
490459797A2

Most Recent Date of Entry: 2020
February 14

Class of Admission : F1

Admit Until Date : D/S

Details provided on the I-94

Information form:

Last/Surname : JIANG
First (Given) Name : XUEWEI
Birth Date : 1993 March 13
Passport Number : G49056249
Country of Issuance : China

[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.

For Your Info

Effective April 26, 2013, DHS began automating the admission process.

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A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

