

Yanxin Lu

91.13190

B · A · L

BERRY APPLEMAN & LEIDEN
LLP

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW
353 SACRAMENTO STREET SUITE 1300
SAN FRANCISCO, CA 94111-3851
415-398-1800

WELLS FARGO BANK, N.A.
SAN FRANCISCO, CA

506091

11-4288
1210

03-08-18



PAY TO THE
ORDER OF

US Department of Homeland Security Citizenship and Immigration Services

\$*****460.00

FOUR HUNDRED SIXTY AND 00/100 US DOLLARS

Two Signatures Required Over \$10,000

Memo I-129 Petition for Nonimmigrant Worker Filing Fee / Yanxin Lu

⑈ 506091 ⑈ ⑆ 12104288 2⑆ 3878138191 ⑈

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US Department of Homeland Security Citizenship

Request Number: 690391
Check Date: Mar 08/18

Check Number:

506091

Reference: Lauren T

Client	Metter	Narrative	Amount
91	13190.2.1.C	I-129 Petition for Nonimmigrant Worker Filing Fee / Yanxin Lu	460.00

check record#: 506091

Security features Details on back

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506089

11-4288
1210

03-08-18



PAY TO THE ORDER OF **US Department of Homeland Security Citizenship and Immigration Services** \$ *****1,500.00

ONE THOUSAND FIVE HUNDRED AND 00/100 US DOLLARS

Two Signatures Required Over \$10,000

Memo ACWIA Fee / Yanxin Lu

⑈ 506089⑈ ⑆ 121042882⑆ 3878138191⑈

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US Department of Homeland Security Citizenship

Reference: Lauren T

Request Number: 690382
Check Date: Mar 08/18

Check Number:

506089

<u>Client</u>	<u>Matter</u>	<u>Narrative</u>
91	13190.2.1.C	ACWIA Fee / Yanxin Lu

Amount
1,500.00

check record#: 506089

FD Security features. Details on back.

B · A · L

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SAN FRANCISCO, CA

506090

11-4288
1210

03-08-18



PAY TO THE ORDER OF **US Department of Homeland Security Citizenship and Immigration Services** \$*****500.00

FIVE HUNDRED AND 00/100 US DOLLARS

Two Signatures Required Over \$10,000

Memo H/L Fraud Fee / Yanxin Lu

⑈ 506090 ⑈ ⑆ 121042882⑆ 3878138191⑈

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US Department of Homeland Security Citizenship

Reference: Lauren T

Request Number: 690385

Check Date: Mar 08/18

Check Number:

506090

Client	Matter	Narrative	Amount
91	13190.2.1.C	H/L Freud Fee / Yanxin Lu	500.00

check record#: 506090



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 03/31/2018

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)

▶

Name and Address of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

4. Daytime Telephone Number

5. Fax Number

6. E-Mail Address (if any)

7. Mobile Telephone Number (if any)

Part 2. Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before
(Select **only one** box):

1.a. USCIS

1.b. List the form numbers

2.a. ICE

2.b. List the specific matter in which appearance is entered

3.a. CBP

3.b. List the specific matter in which appearance is entered

I enter my appearance as attorney or accredited representative at the request of:

4. Select **only one** box:

Applicant Petitioner Requestor

Respondent (ICE, CBP)

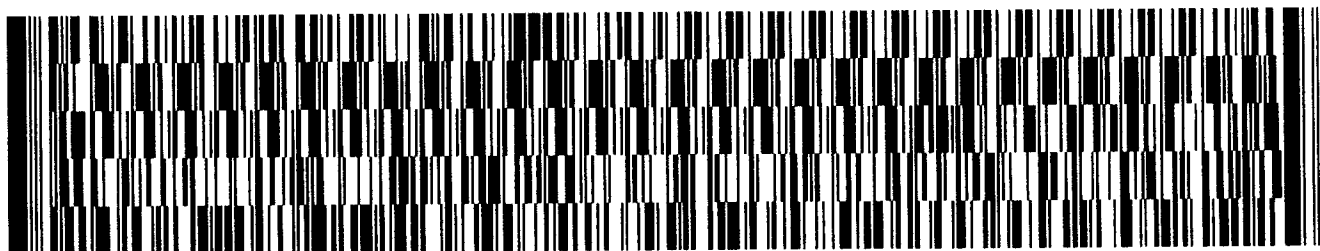
Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

6. Name of Company or Organization (if applicable)



Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

7. USCIS ELIS Account Number (if any)
▶
8. Alien Registration Number (A-Number) or Receipt Number
9. Daytime Telephone Number
10. Mobile Telephone Number (if any)
11. E-Mail Address (if any)

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

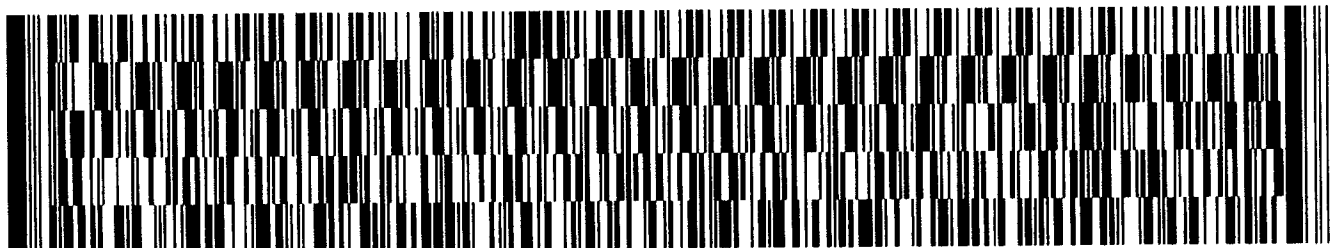
NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. If the applicant, petitioner, requestor, or respondent has used a safe mailing address on the application, petition, or request being filed with this Form G-28, provide it in these spaces.

- 12.a. Street Number and Name
- 12.b. Apt. Ste. Flr.
- 12.c. City or Town
- 12.d. State 12.e. ZIP Code
- 12.f. Province
- 12.g. Postal Code
- 12.h. Country

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

- 1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.)
- Licensing Authority
- 1.b. Bar Number (if applicable)
- 1.c. Name of Law Firm
- 1.d. I (choose one) am not am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)
- 2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.
- 2.b. Name of Recognized Organization
- 2.c. Date accreditation expires
(mm/dd/yyyy) ▶



Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

3. I am associated with
the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

NOTE: If you select this item, also complete **Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3.** (whichever is appropriate).

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

4.b. Name of Law Student or Law Graduate

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you **unless** you select **Item Number 2.a.** in **Part 4.** All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) unless you ask us to send those documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select **all applicable** boxes below:

2.a. I request DHS send any notice (including Form I-94) on an application, petition, or request to the business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.

2.b. I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the business address of my attorney of record or accredited representative as listed in this form. I consent to having my secure identity document sent to my attorney of record or accredited representative and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

3.a. Signature of Applicant, Petitioner, Requestor, or Respondent

3.b. Date of Signature (mm/dd/yyyy) ▶

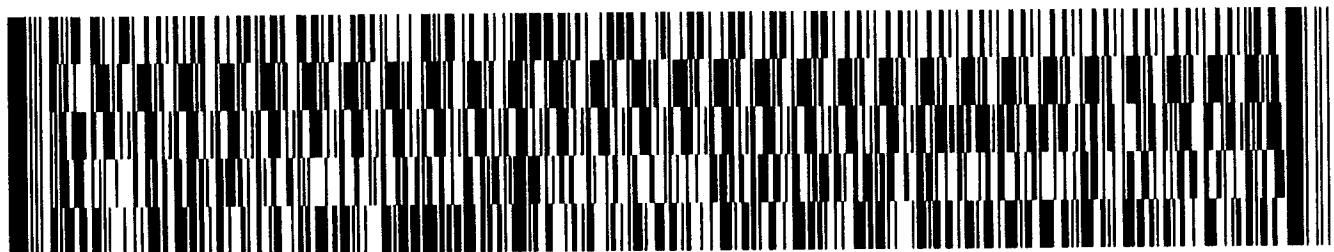
Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶





Petition for a Nonimmigrant Worker

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2018

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

3. Mailing Address of Individual, Company or Organization

In Care Of Name

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text" value="1 Hacker Way (aka 1601 Willow Rd.)"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code		
<input type="text" value="Menlo Park"/>	<input type="text" value="CA"/>	<input type="text" value="94025"/>		
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="(214) 442-7368"/>	<input type="text"/>	<input type="text" value="dpennartz@balglobal.com"/>

5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (if any)
▶ <input type="text" value="201665019"/>	▶ <input type="text"/>	▶ <input type="text"/>

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

1. **Requested Nonimmigrant Classification** (Write classification symbol):
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."**
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.)

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
LU	YANXIN	

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

4. **Other Information**

Date of birth (mm/dd/yyyy) Gender Male Female U.S. Social Security Number (if any)

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- China

Province of Birth Country of Citizenship or Nationality
 Guizhou 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
 01/09/2018 ▶ E93603635

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
 03/28/2017 03/27/2027 China

Current Nonimmigrant Status Date Status Expires or D/S (mm/dd/yyyy) D/S
 F1

Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any)
 N0005300210

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

Street Number and Name Apt. Ste. Flr. Number
 3517 North Hills Dr. 104
 City or Town State ZIP Code
 Austin TX 78731

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 one box): Consulate Pre-flight inspection Port of Entry

b. Office Address (City)

Guangzhou

c. U.S. State or Foreign Country

China

d. Beneficiary's Foreign Address

Street Number and Name Apt. Ste. Flr. Number
 2-1-102 East 1st, Panyu Olympic Gdn, Shiliang Rd. #9

City or Town State
 Panyu, Guangzhou

Province Postal Code Country
 Guangdong 511400 China

2. Does each person in this petition have a valid passport? Yes No. If no, go to **Part 9.** 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 9.** 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 9.** 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 9.** 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 9.** 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 9.** 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 2. LCA or ETA Case Number

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

1 Hacker Way (aka 1601 Willow Rd.)

Apt. Ste. Flr. Number

City or Town

Menlo Park

State

California

ZIP Code

94025

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 company benefits.

11. Dates of intended employment From: (mm/dd/yyyy) To: (mm/dd/yyyy)

12. Type of Business

Social Networking

13. Year Established

2004

14. Current Number of Employees in the United States

19688

15. Gross Annual Income

\$40,653 million

16. Net Annual Income

\$15,934 million

Part 6. 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 7. 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)

Azmina Aboobaker

Given Name (First Name)

Siobhan Brady

Title

Immigration Manager

2. Signature and Date

Signature of Authorized Signatory

Date of Signature

(mm/dd/yyyy) 02/24/2018

3. Signatory's Contact Information

Daytime Telephone Number

(214) 442-7368

Email Address (if any)

dpennartz@balglobal.com

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 8. 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)

Pennartz

Given Name (First Name)

Derek

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).)

Berry Appleman & Leiden LLP

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner (continued)

3. Preparer's Mailing Address

Street Number and Name	Apt.	Ste.	Flr.	Number
2400 N. Glenville Drive, Building A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100
City or Town	State		ZIP Code	
Richardson	TX		75082	
Province	Postal Code	Country		
		United States		

4. Preparer's Contact Information

Daytime Telephone Number	Fax Number	Email Address (if any)
(214) 442-7368	(214) 442-7308	dpennartz@balglobal.com

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) 02/24/2018

Part 9. 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 9.** 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-

2. **Page Number** **Part Number** **Item Number**

3. **Page Number** **Part Number** **Item Number**

4. **Page Number** **Part Number** **Item Number**



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 12/31/2018

1. Name of the Petitioner

Facebook, Inc.

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

2.a. Name of the Beneficiary

LU, YANXIN

OR

2.b. Provide the total number of beneficiaries

1

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

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

Yes No

6. 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

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

Yes. If yes, please explain in **Item Number 7.b.** No

7.b. Explanation
N/A

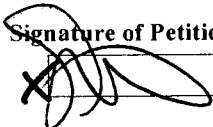
Section 1. Complete This Section If Filing for H-1B Classification

- 1. Describe the proposed duties.
Please see attached letter.
- 2. Describe the beneficiary's present occupation and summary of prior work experience.
Please see attached letter.

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

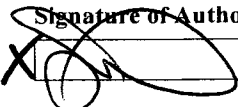
By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the 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	Name of Petitioner	Date (mm/dd/yyyy)
	Azmina Aboobaker/Siobhan Brady Immigration Manager	02/24/2018

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	Name of Authorized Official of Employer	Date (mm/dd/yyyy)
	Azmina Aboobaker/Siobhan Brady Immigration Manager	02/24/2018

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)

Section 2. Complete This Section If Filing for H-2A or H-2B Classification

- 1. Employment is: (select **only one** box)
 a. Seasonal b. Peak load c. Intermittent d. One-time occurrence
- 2. Temporary need is: (select **only one** box)
 a. Unpredictable b. Periodic c. Recurrent annually



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 12/31/2018

1. Name of the Petitioner

Facebook, Inc.

2. Name of the Beneficiary

LU, YANXIN

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 or 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

Computer Science

4. Rate of Pay Per Year

At least \$140,000.00

5. DOT Code

0 3 9

6. NAICS Code

5 1 8 1 1 2

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 section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? 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? 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 before October 1, 2015, an additional fee of **\$2,000** must be submitted if you responded yes to **Item Numbers 1.d. and 1.d.1. of Section 1.** of this supplement. This **\$2,000** fee was mandated by the provisions of Public Law 111-230, as amended by Public Law 111-347.

The Fraud Prevention and Detection Fee and the Public Law 111-230 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fee(s) when you submit this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. Each of these fee(s) should be paid by separate check(s) or money order(s).

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

Rice University

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

12/30/2015

Master's

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

Street Number and Name

6100 Main Street

Apt. Ste. Fir. Number

City or Town

Houston

State

TX

ZIP Code

77005

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 section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).
 - c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(19)(iii)(C).
 - d. The petitioner will employ the beneficiary to perform job duties at a qualifying institution (see **Item Numbers 3.a. - 3.c.** above) that directly and predominately furthers the normal, primary, or essential purpose, mission, objectives, or function of the qualifying institution, namely higher education or nonprofit or government research.
 - 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)** was previously granted status as an H-1B nonimmigrant in the past 6 years, **(2)** is applying from abroad to reclaim the remaining portion of the 6 years, or **(3)** 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
ETA Form 9035 & 9035E
U.S. Department of Labor



**Electronic Filing of Labor Condition Applications
For The H-1B Nonimmigrant Visa Program**

This Department of Labor, Employment and Training Administration (ETA), electronic filing system enables an employer to file a Labor Condition Application (LCA) and obtain certification of the LCA. This Form must be submitted by the employer or by someone authorized to act on behalf of the employer.

A) I understand and agree that, upon my receipt of ETA's certification of the LCA by electronic response to my submission, I must take the following actions at the specified times and circumstances:

- print and sign a hardcopy of the electronically filed and certified LCA;
- maintain a signed hardcopy of this LCA in my public access files;
- submit a signed hardcopy of the LCA to the United States Citizenship and Immigration Services (USCIS) in support of the I-129, on the date of submission of the I-129;
- provide a signed hardcopy of this LCA to each H-1B nonimmigrant who is employed pursuant to the LCA.

Yes No

B) I understand and agree that, by filing the LCA electronically, I attest that all of the statements in the LCA are true and accurate and that I am undertaking all the obligations that are set out in the LCA (Form ETA 9035E) and the accompanying instructions (Form ETA 9035CP).

Yes No

C) I hereby choose one of the following options, with regard to the accompanying instructions:

I choose to have the Form ETA 9035CP electronically attached to the certified LCA, and to be bound by the LCA obligations as explained in this form

I choose not to have the Form ETA 9035CP electronically attached to the certified LCA, but I have read the instructions and I understand that I am bound by the LCA obligations as explained in this form

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



Please read and review the filing instructions carefully before completing the ETA Form 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. If the employer has received permission from the Administrator of the Office of Foreign Labor Certification to submit this form non-electronically, 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 * RESEARCH SCIENTIST		
2. SOC (ONET/OES) code * 15-1111	3. SOC (ONET/OES) occupation title * COMPUTER AND INFORMATION RESEARCH SCIENTISTS	
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment	
	5. Begin Date * 07/25/2018 <small>(mm/dd/yyyy)</small>	6. End Date * 07/25/2021 <small>(mm/dd/yyyy)</small>
7. Worker positions needed/basis for the visa classification supported by this application		
<input type="text" value="50"/> Total Worker Positions Being Requested for Certification *		
Basis for the visa classification supported by this application <i>(indicate the total workers in each applicable category based on the total workers identified above)</i>		
<input type="text" value="50"/> a. New employment *	<input type="text" value="0"/> d. New concurrent employment *	
<input type="text" value="0"/> b. Continuation of previously approved employment * without change with the same employer	<input type="text" value="0"/> e. Change in employer *	
<input type="text" value="0"/> c. Change in previously approved employment *	<input type="text" value="0"/> f. Amended petition *	

C. Employer Information

1. Legal business name * FACEBOOK, INC.		
2. Trade name/Doing Business As (DBA), if applicable N/A		
3. Address 1 * 1 HACKER WAY		
4. Address 2 (ALSO KNOWN AS *1601 WILLOW ROAD)		
5. City * MENLO PARK	6. State * CA	7. Postal code * 94025
8. Country * UNITED STATES OF AMERICA	9. Province N/A	
10. Telephone number * 4085335781	11. Extension N/A	
12. Federal Employer Identification Number (FEIN from IRS) * 201665019	13. NAICS code (must be at least 4-digits) * 518112	



Labor Condition Application for Nonimmigrant Workers
ETA Form 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) *
ABOObAKER	AZMINA	N/A
4. Contact's job title * US IMMIGRATION MANAGER		
5. Address 1 * 1 HACKER WAY		
6. Address 2 (ALSO KNOWN AS *1601 WILLOW ROAD)		
7. City * MENLO PARK	8. State * CA	9. Postal code * 94025
10. Country * UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number *	13. Extension	14. E-Mail address
4085335781	N/A	IMMIGRATIONFYI@FB.COM

E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? *		<input checked="" type="checkbox"/> Yes	<input 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) §	
CHAUDHRY	SHEHRYAR	N/A	
5. Address 1 § 555 MISSION STREET, SUITE 900			
6. Address 2 N/A			
7. City § SAN FRANCISCO	8. State § CA	9. Postal code § 94105	
10. Country § UNITED STATES OF AMERICA		11. Province N/A	
12. Telephone number §	13. Extension	14. E-Mail address	
4153981800	N/A	KLASHWAY@BALGLOBAL.COM	
15. Law firm/Business name § BERRY APPLEMAN & LEIDEN LLP		16. Law firm/Business FEIN § 943068076	
17. State Bar number (only if attorney) §	18. State of highest court where attorney is in good standing (only if attorney) §		
263569	CA		
19. Name of the highest court where attorney is in good standing (only if attorney) § CALIFORNIA SUPREME COURT			



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

F. Rate of Pay

1. Wage Rate (Required) From: \$ <u>127544.00</u> * To: \$ <u>180000.00</u>	2. 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

G. Employment and Prevailing Wage Information

Important Note: It is important for the employer to define the place of intended employment with as much geographic specificity as possible. The place of employment address listed below must be a physical location and cannot be a P.O. Box. The employer may use this section to identify up to three (3) physical locations and corresponding prevailing wages covering each location where work will be performed and the electronic system will accept up to 3 physical locations and prevailing wage information. If the employer has received approval from the Department of Labor to submit 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.

a. Place of Employment 1

1. Address 1 * 1 HACKER WAY	
2. Address 2 (ALSO KNOWN AS 1601 WILLOW ROAD)	
3. City * MENLO PARK	4. County * SAN MATEO
5. State/District/Territory * CA	6. Postal code * 94025
Prevailing Wage Information (corresponding to the place of employment location listed above)	
7. Agency which issued prevailing wage § N/A	7a. Prevailing wage tracking number (if applicable) § N/A
8. Wage level * <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input checked="" type="checkbox"/> N/A	
9. Prevailing wage * \$ <u>127544.00</u>	10. 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 source (Choose only one) * <input type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input checked="" type="checkbox"/> Other	
11a. Year source published * 2017	11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source § RADFORD GLOBAL TECHNOLOGY SURVEY

H. Employer Labor Condition Statements

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

- (1) **Wages:** Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as offered to U.S. workers.
- (2) **Working Conditions:** Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed.
- (3) **Strike, Lockout, or Work Stoppage:** There is no strike, lockout, or work stoppage in the named occupation at the place of employment.
- (4) **Notice:** Notice to union or to workers has been or will be provided in the named occupation at the place of employment. A copy of this form will be provided to each nonimmigrant worker employed pursuant to the application.

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section H of the Labor Condition Application – General Instructions – Form ETA 9035CP. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---



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

I. 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 I – Subsection 1 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and answer the questions below.

a. Subsection 1

1. Is the employer H-1B dependent? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If “Yes” is marked in questions 1.1 and/or 1.2, 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 nonimmigrants? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

If you marked “Yes” to questions 1.1 and/or 1.2 and “No” to question 1.3, you **MUST** read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP 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:** Non-displacement of the U.S. workers in the employer’s workforce
- B. **Secondary Displacement:** Non-displacement of U.S. workers in another employer’s workforce; and
- C. **Recruitment and Hiring:** Recruitment of U.S. workers and hiring of U.S. workers applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

4. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section I – Subsections 1 and 2 of the Labor Condition Application – General Instructions Form ETA 9035CP. §	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

J. Public Disclosure Information

! Important Note: You **must** select from the options listed in this Section.

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

K. Declaration of Employer

By signing this form, I, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read sections H and I of the Labor Condition Application – General Instructions Form ETA 9035CP, and that I agree to comply with the Labor Condition Statements as set forth in the Labor Condition Application – General Instructions Form ETA 9035CP and with the Department of Labor regulations (20 CFR part 655, Subparts H and I). I agree to make this application, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act. Making fraudulent representations on this Form can lead to civil or criminal action under 18 U.S.C. 1001, 18 U.S.C. 1546, or other provisions of law.

1. Last (family) name of hiring or designated official *	2. First (given) name of hiring or designated official *	3. Middle initial *
ABOUBAKER	AZMINA	N/A
4. Hiring or designated official title *		
US IMMIGRATION MANAGER(134317/KML)		
5. Signature *		6. Date signed *
		02/05/2018



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

L. 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 § N/A	2. First (given) name § N/A	3. Middle initial § N/A
4. Firm/Business name § N/A		
5. E-Mail address § N/A		

M. 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 07/25/2018 to 07/25/2021.

Certifying Officer
Department of Labor, Office of Foreign Labor Certification

02/01/2018
Determination Date (date signed)

I-200-18025-689940

CERTIFIED

Case number

Case Status

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

N. 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 the Department of Labor before it can be submitted to USCIS for further 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, Employment Standards Administration, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at <http://www.dol.gov/esa>. 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, Office of the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, Washington, DC, 20530. Please note that complaints should be filed with the Office of Special Counsel 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).

O. 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. Obligations to reply are mandatory (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 1 hour 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, Room C-4312, 200 Constitution Ave, NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**

B · A · L

BERRY APPLEMAN &
LEIDEN LLP

Derek Pennartz
Attorney
dpennartz@balglobal.com
(214) 442-7368

Richardson Office
2400 N Glenville Drive, Building
A
Suite 100
Richardson, Texas 75082
United States
(214) 442-7368 *main*
(214) 442-7308 *fax*

02/24/2018

Premium Processing Service
U.S. Citizenship and Immigration Services
California Service Center
ATTN: I-129 H-1B Regular Cap
24000 Avila Road, 2nd Floor, Room 2312
Laguna Niguel, CA 92677

Via Overnight Courier

OFFICES

Austin
Boston
Dallas
Geneva
Houston
London
Maputo
McLean
Melbourne
Rio de Janeiro
San Francisco
São Paulo
Shanghai
Singapore
Sydney
Washington DC

Re: H-1B Petition (Form I-129)
Petitioner: Facebook, Inc.
Beneficiary: Yanxin Lu

Dear Sir or Madam:

Enclosed please find an H-1B petition by Facebook, Inc. on behalf of the above-named beneficiary. Please notify this office of any action taken on this case. Thank you for your attention to this matter.

Sincerely,
BERRY APPLEMAN & LEIDEN LLP



Derek Pennartz
Enclosures

BALGLOBAL.COM
See website for list of
corporate entities.

02/24/2018

Premium Processing Service
U.S. Citizenship and Immigration Services
California Service Center
ATTN: I-129 H-1B Regular Cap
24000 Avila Road, 2nd Floor, Room 2312
Laguna Niguel, CA 92677

Via Overnight Courier

Re: Form I-129 Petition for H-1B Status
Petitioner: Facebook, Inc.
Beneficiary: Yanxin Lu

Dear Sir/Madam:

This letter supports the petition by Facebook, Inc. to authorize the temporary employment of Mr. Yanxin Lu. We seek Mr. Lu's temporary services to work in a specialty occupation as a Research Scientist.

The Petitioner

Founded in February 2004, Facebook Inc. ("Facebook US") is a U.S. corporation with its headquarters in Menlo Park, California. Facebook's mission is to give people the power to share and make the world more open and connected. People use Facebook to stay connected with friends and family, to discover what's going on in the world, and to share and express what matters to them. We currently have over 2.13 billion active members per month as of December 31, 2017. Facebook employs approximately 25,105 employees as of December 31, 2017.

The Position

At this time, Facebook seeks to employ Mr. Lu as a Research Scientist for a temporary period. As a Research Scientist, Mr. Lu will research, design and develop new algorithms and techniques to improve the efficiency and performance of Facebook's platforms. They will gather data for machine-learning training; train new ranking models and run experiments. They will identify potential improvements in company's products. They will research and present effects of current engineering efforts on Facebook's market standing from an economic and game-theoretic point of view. Research Scientists will monitor and review current academic and industrial research and apply relevant research ideas towards engineering projects through programming implementation. They will develop efficient tools to analyze large-scale data for quickly identifying sources of deviation in advertising metrics. They will code in a variety of languages, primarily C++ and PHP. They will design and implement core back-end software components for serving ads closely with engineering and product teams to define the next generation advertising systems. They will work closely with operations and infrastructure teams to build and scale innovative back-end services.

Please be advised that Facebook is an actual employer. Facebook is not a staffing agency, nor is it an agent representing multiple employers. Facebook will be the actual and sole employer of the H-1B beneficiary. The beneficiary will work on Facebook's premises and will be managed solely by Facebook's own personnel. Facebook has the exclusive right to hire, pay, supervise, and control the work of the beneficiary. The beneficiary will be employed as a regular, full-time employee of Facebook, not as a contractor.

facebook

Address: 1 Hacker Way
Menlo Park, CA 94025

The Beneficiary

The position is professional in nature and scope and requires, at a minimum, a Bachelor's degree in Computer Science or a related field, or equivalent. Mr. Lu is highly qualified for the position of Research Scientist with Facebook. Mr. Lu earned a Master's degree in Computer Science from Rice University in Houston, Texas.

Conclusion

We seek to authorize the beneficiary for temporary employment with Facebook for a temporary period. The U.S. Department of Labor has issued a certified labor condition application (LCA) to Facebook. We understand that H-1B status is proscribed in duration, and our company will comply with any limitations established by U.S. Citizenship and Immigration Services. Please approve this H-1B petition as soon as possible so that we may be assured of the beneficiary's most valuable service at the earliest possible date.

Sincerely,

Facebook, Inc.



Azmina Aboobaker/Siobhan Brady
Immigration Manager



Most Recent I-94

Admission (I-94) Record Number :
80903662785

Most Recent Date of Entry: 2018
January 09

Class of Admission : F1

Admit Until Date : D/S

Details provided on the I-94
Information form:

Last/Surname : LU
First (Given) Name : YANXIN
Birth Date : 1989 October 17
Passport Number : E93603635
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.

OMB No. 1551-0111
 Expiration Date: 02/28/2018

[For inquiries or questions regarding your I-94, please click here](#)

[Accessibility](#) | [Privacy Policy](#)

For Your Info

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).

SEVIS ID: N0005300210

SURNAME/PRIMARY NAME Lu	GIVEN NAME Yanxin	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Yanxin Lu	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 17 OCTOBER 1989	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Yanxin Lu	

SCHOOL INFORMATION	
SCHOOL NAME Rice University Rice University	SCHOOL ADDRESS 6100 Main Street, MS - 365, Houston, TX 77005
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Irena Aleksic Program Manager & Sr. International Advisor	SCHOOL CODE AND APPROVAL DATE HOJ214F00061000 09 JANUARY 2003

PROGRAM OF STUDY		
EDUCATION LEVEL DOCTORATE	MAJOR 1 Computer and Information Sciences, General 11.0101	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 10 AUGUST 2012	PROGRAM START/END DATE 10 AUGUST 2012 - 12 DECEMBER 2018	

ESTIMATED AVERAGE COSTS FOR: 5 MONTHS		STUDENT'S FUNDING FOR: 5 MONTHS	
Tuition and Fees	\$ 1,524	Personal Funds	\$ 0
Living Expenses	\$ 10,005	Tuition waiver and stipend	\$ 13,533
Expenses of Dependents (0)	\$	Funds From Another Source	\$
Summer Expenses	\$ 2,000	On-Campus Employment	\$
TOTAL	\$ 13,529	TOTAL	\$ 13,533

REMARKS
Student requires additional time to complete research due to initial problems on his dissertation topic (program splicing).

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 Irena Aleksic **DATE ISSUED** 02 February 2018 **PLACE ISSUED** Houston, TX
SIGNATURE OF: Irena Aleksic, Program Manager & Sr. International 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 Yanxin Lu **DATE** 02/05/2018
SIGNATURE OF: Yanxin Lu

NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city, state or province, country)	DATE
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SEVIS ID: N0005300210 (F-1)

NAME: Yanxin Lu

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE
03 JANUARY 2018

CURRENT SESSION END DATE
02 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
Irena Aleksic	Program Manager & Senior International Advisor	X <i>Irena Aleksic</i>	2/2/18	HOUSTON, TX
		X		
		X		
		X		

SEVIS ID: N0005300210

SURNAME/PRIMARY NAME Lu	GIVEN NAME Yanxin	Class of Admission <h1 style="font-size: 2em;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Yanxin Lu	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 17 OCTOBER 1989	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE - Updated Form I-20 or Name Conversion	LEGACY NAME Yanxin Lu	

SCHOOL INFORMATION

SCHOOL NAME Rice University Rice University	SCHOOL ADDRESS 6100 Main Street, MS - 365, Houston, TX 77005
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Irena Aleksic Program Manager & Sr. International Advisor	SCHOOL CODE AND APPROVAL DATE HOU214F00061000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL DOCTORATE	MAJOR 1 Computer and Information Sciences, General 11.0101	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 10 AUGUST 2012	PROGRAM START/END DATE 10 AUGUST 2012 - 12 MAY 2018	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 37,112	Personal Funds	\$ 0
Living Expenses	\$ 17,750	Fellowship	\$ 62,710
Expenses of Dependents (0)	\$	Funds From Another Source	\$
Summer	\$ 2,000	On-Campus Employment	\$
TOTAL	\$ 56,862	TOTAL	\$ 62,710

REMARKS

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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 Irena Aleksic **DATE ISSUED** 27 March 2017 **PLACE ISSUED** Houston, TX

SIGNATURE OF: Irena Aleksic, Program Manager & Sr. International 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 Yanxin Lu **DATE** 04/03/2017

SIGNATURE OF: Yanxin Lu

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

SEVIS ID: N0005300210 (F-1)

NAME: Yanxin Lu

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
OPT	FULL TIME	APPROVED	15 MAY 2017	04 AUGUST 2017

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES		
OPT	15 MAY 2017 - 04 AUGUST 2017		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
Facebook, Inc.	15 MAY 2017	04 AUGUST 2017	Menlo Park, CA

CHANGE OF STATUS/CAP-GAP EXTENSION

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AUTHORIZED REDUCED COURSE LOAD

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CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
09 JANUARY 2017	03 MAY 2017

TRAVEL ENDORSEMENT

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Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
<u>Irena Aleksic</u>	<u>Prog. Manager + Sr. Int'l Advisor</u>	<u>[Signature]</u>	<u>3/28/17</u>	<u>Houston, TX</u>
		X		
		X		
		X		

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 ADDRESS
SCHOOL NAME University of Texas at Austin University of Texas at Austin	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	MAJOR 1	MAJOR 2
EDUCATION LEVEL DOCTORATE	Finance, General 52.0801	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		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
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.

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

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

X SIGNATURE OF: Xuewei Jiang DATE: 11/30/2015

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

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

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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		

SEVIS ID: N0005300210

SURNAME/PRIMARY NAME Lu	GIVEN NAME Yanxin	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Yanxin Lu	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 17 OCTOBER 1989	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE - Updated Form I-20 or Name Conversion	LEGACY NAME Yanxin Lu	

SCHOOL INFORMATION	
SCHOOL NAME Rice University Rice University	SCHOOL ADDRESS 6100 Main Street, MS - 365, Houston, TX 77005
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Elmira Ganiyeva International Delegate & Compliance Specialist	SCHOOL CODE AND APPROVAL DATE HOU214F00061000 09 JANUARY 2003

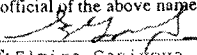
PROGRAM OF STUDY			
EDUCATION LEVEL DOCTORATE	MAJOR 1 Computer and Information Sciences, General 11.0101	MAJOR 2 None 00.0000	
NORMAL PROGRAM LENGTH 72 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	
PROGRAM START DATE 10 AUGUST 2012	PROGRAM END DATE 12 MAY 2018		

FINANCIALS	
ESTIMATED AVERAGE COSTS FOR: 12 MONTHS	STUDENT'S FUNDING FOR: 12 MONTHS
Tuition and Fees \$ 37,112	Personal Funds \$ 0
Living Expenses \$ 17,750	Fellowship \$ 62,710
Expenses of Dependents (0) \$	Funds From Another Source \$
Summer \$ 2,000	On-Campus Employment \$
TOTAL \$ 56,862	TOTAL \$ 62,710

REMARKS

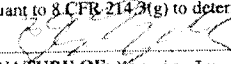
SCHOOL ATTESTATION

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** 08 October 2015 **PLACE ISSUED** Houston, TX
 SIGNATURE OF: Elmira Ganiyeva, International Delegate & Compliance Specialist

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** 11/23/2015
 SIGNATURE OF: Yanxin Lu

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

SEVIS ID: N0005300210 (F-1)

NAME: Yanxin Lu

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

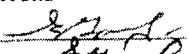
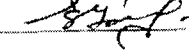
EVENT NAME	EVENT DATE
Registration	04 SEPTEMBER 2012

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
Elmira Ganiyeva	Int'l Delegate & Compliance Specialist	X 	10/9/15	Houston, TX
Elmira Ganiyeva	Int'l Delegate & Compliance Specialist	X 	06/21/2016	Houston, TX
		X		
		X		

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):
Lu

First (given) Name: **Yanxin** Middle Name:

Country of birth: **CHINA** Date of birth (mo/day/year): **10/17/1989**

Country of citizenship: **CHINA** Admission number:

2. School (School district) name:
Rice University
Rice University

School Official to be notified of student's arrival in U.S. (Name and Title):
Jennifer Brydon
Program Manager & Sr. International Advisor

School address (include zip code):
6100 Main Street, MS - 365
Houston, TX 77005

School code (including 3-digit suffix, if any) and approval date:
HOU214F00061000 approved on **01/09/2003**

3. This certificate is issued to the student named above for:
Continued attendance at this school.

4. Reprint reason: **TRAVEL**
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 **Computer and Information Sciences, Gene**.
The student is expected to report to the school no later than **08/10/2012** and complete studies not later than **05/12/2018**. The normal length of study is **72** 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 **12** (up to 12) months to be:

a. Tuition and fees	\$	<u>37,112.00</u>
b. Living expenses	\$	<u>17,750.00</u>
c. Expenses of dependents (0)	\$	<u>0.00</u>
d. Other (specify): Summer	\$	<u>2,000.00</u>
Total	\$	<u>56,862.00</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.

Jennifer Brydon Signature of Designated School Official
Program Manager & Sr. International Advisor Title


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.

For Immigration Official User

Visa issuing post: _____ Date Visa Issued: _____

Reinstated, extension granted to: _____

Student's Copy
N0005300210



8. This school has information showing the following as the student's means of support, estimated for an academic term of **12** 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>62,710.00</u>
Specify type: Fellowship		
c. Funds from another source	\$	<u>0.00</u>
Specify type: _____		
d. On-campus employment	\$	<u>0.00</u>
Total	\$	<u>62,710.00</u>

9. Remarks: _____

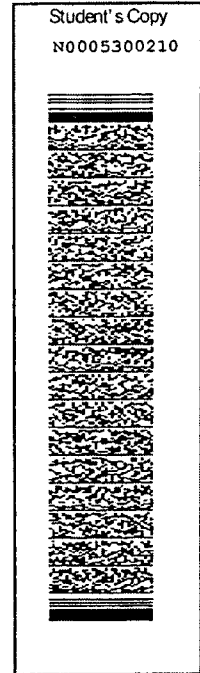
Name of Student _____ Signature of Student _____ Date _____

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

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

SEVIS

FAMILYNAME: Lu FIRST NAME: Yanxin
Primary Major: 11.0101 Computer and Information Sciences, Gene
Student Employment Authorization:
Employment Status: _____ Type: _____
Duration of Employment - From (Date): _____ To (Date): _____
Employer Name: _____
Employer Location: _____



Comments:

Event History
Event Name: Registration Event Date: 09/04/2012

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 Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Jennifer Brydon		Program Manager & Sr. International Advisor	05/05/2014	Houston, TX
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):
Lu

First (given) Name: **Yanxin** Middle Name:

Country of birth: **CBINA** Date of birth(mo/day/year): **10/17/1989**

Country of citizenship: **CHINA** Admission number:

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):
**Alexia English
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 **Computer Science**.
The student is expected to report to the school no later than **08/18/2008** and complete studies not later than **12/17/2012**. 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>26,234.00</u> |
| b. Living expenses | \$ | <u>10,801.00</u> |
| c. Expenses of dependents (0) | \$ | <u>0.00</u> |
| d. Other (specify): Health Ins. | \$ | <u>1,380.00</u> |
| Total | \$ | <u>38,415.00</u> |


For Immigration Official User

Visa issuing post

Date Visa Issued

Reinstated, extension granted to:

Student's Copy
N0005300210



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>5,000.00</u> |
| Specify type: Dean's Gold Scholarship | | |
| c. Funds from another source | \$ | <u>33,415.00</u> |
| Specify type: Parents | | |
| d. On-campus employment | \$ | <u>0.00</u> |
| Total | \$ | <u>38,415.00</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.

Alexia English *Alexia English* **Administrative Associate** **02/03/2012** **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.

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

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

SEVIS


FAMILYNAME: Lu FIRST NAME: Yanxin
 Primary Major: 11.0701 Computer Science

Student Employment Authorization:

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

Comments:

Student's Copy
N0005300210



Event History
 Event Name:
Registration

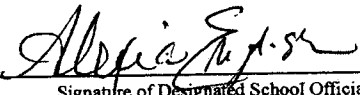
Event Date:
 09/23/2008

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.

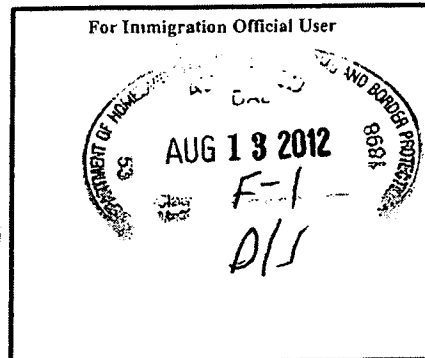
Name of School:

Alexia English		Administrative Associate	02/03/2012	Waco, TX
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): Lu	
First (given) Name: Yanxin	Middle Name:
Country of birth: CHINA	Date of birth(mo/day/year): 10/17/1989
Country of citizenship: CHINA	Admission number:



Student's Copy
N0005300210

2. School (School district) name: Rice University Rice University	
School Official to be notified of student's arrival in U.S.(Name and Title): Matthew Stein International & Sponsored Student Advisor	
School address (include zip code): 6100 Main Street, MS - 365 Houston, TX 77005	
School code (including 3-digit suffix, if any) and approval date: HOU214F00061000 approved on 01/09/2003	

3. Visa issuing post Guangzhou	4. Date Visa Issued 29 Jun 2012
-----------------------------------	------------------------------------

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 Computer and Information Sciences, Gene. The student is expected to report to the school no later than 08/10/2012 and complete studies not later than 05/12/2018. The normal length of study is 72 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 12 (up to 12) months to be:
- | | | |
|-----------------------------------|-----------|-------------------------|
| a. Tuition and fees | \$ | <u>37,112.00</u> |
| b. Living expenses | \$ | <u>17,750.00</u> |
| c. Expenses of dependents (0) | \$ | <u>0.00</u> |
| d. Other (specify): <u>summer</u> | \$ | <u>2,000.00</u> |
| Total | \$ | <u>56,862.00</u> |

Reinstated, extension granted to:

8. This school has information showing the following as the student's means of support, estimated for an academic term of 12 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>62,710.00</u> |
| Specify type: <u>Fellowship</u> | | |
| c. Funds from another source | \$ | <u>0.00</u> |
| Specify type: _____ | | |
| d. On-campus employment | \$ | <u>0.00</u> |
| Total | \$ | <u>62,710.00</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.

Matthew Stein	<i>Matthew Stein</i>	International & Sponsor- ed Student Advisor	05/14/2012	Houston, 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.

Yanxin Lu	<i>Yanxin Lu</i>	08/13/2012
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)
---	---------------------------------	----------------	-------------------------------	--------

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

SEVIS


FAMILYNAME: Lu FIRST NAME: Yanxin

Primary Major: 11.0101 Computer and Information Sciences, Gene

Student Employment Authorization:

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

Student's Copy
N0005300210



Comments:

Event History
Event Name:

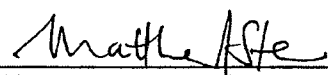
Event Date:

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:

Matthew Stein		International & Sponsored Student Advisor	05/14/2012	Houston, TX
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):
Lu

First (given) Name: **Yanxin** Middle Name:

Country of birth: **CHINA** Date of birth(mo/day/year): **10/17/1989**

Country of citizenship: **CHINA** Admission number:

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):
**Treva Hall
SEVIS Coordinator**

School address (include zip code):
**P.O. Box 97381
Waco, TX 76798-7381**

School code (including 3-digit suffix, if any) and approval date:
SNA214F00338000 approved on 01/25/2003

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

Student's Copy
N0005300210



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 **Computer Science**.
The student is expected to report to the school no later than **08/18/2008** and complete studies not later than **12/17/2012**. 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>26,234.00</u> |
| b. Living expenses | \$ | <u>10,801.00</u> |
| c. Expenses of dependents (0) | \$ | <u>0.00</u> |
| d. Other (specify): Health Ins. | \$ | <u>1,380.00</u> |
| Total | \$ | <u>38,415.00</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>5,000.00</u> |
| Specify type: Dean's Gold Scholarship | | |
| c. Funds from another source | \$ | <u>33,415.00</u> |
| Specify type: Parents | | |
| d. On-campus employment | \$ | <u>0.00</u> |
| Total | \$ | <u>38,415.00</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.

Treva Hall	<i>Treva Hall</i>	SEVIS Coordinator	02/13/2010	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.

_____	_____	_____
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)

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

SEVIS

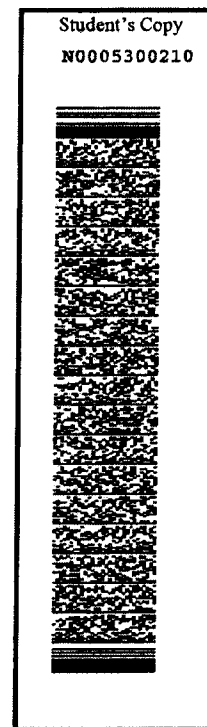
FAMILYNAME: Lu FIRST NAME: Yanxin

Primary Major: 11.0701 Computer Science

Student Employment Authorization:

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

Comments:



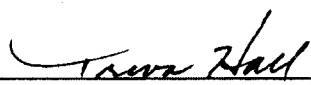
Event History

Event Name: **Registration** Event Date: **09/23/2008**

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:

Treva Hall		SEVIS Coordinator	02/13/2010	Waco, TX
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)



RICE UNIVERSITY

AN AMERICAN INSTITUTION
DEDICATED TO THE ADVANCEMENT
OF LIBERAL AND TECHNICAL LEARNING
AND THE PROGRESS OF HUMANKIND
IN LETTERS SCIENCE AND ART
FOUNDED AND ENDOWED
AD MAIOREM DEI GLORIAM
BY WILLIAM MARSH RICE
IN FREEDOM FOR RESEARCH
TO SOBER FEARLESS PURSUIT
OF TRUTH BEAUTY RIGHTEOUSNESS
AND TO ALL HIGH EMPRISE CONSECRATED
WOULD HAVE ALL KNOW BY THESE PRESENTS
THAT IN THE PRESENCE OF THE TRUSTEES FACULTY
STUDENTS AND FRIENDS OF THIS UNIVERSITY
IN PUBLIC CONVOCATION ASSEMBLED
THE TRUSTEES HAVE CONFERRED UPON

YANXIN LU

A STUDENT OF THE UNIVERSITY

THE DEGREE OF MASTER OF SCIENCE

WITH ALL THE RIGHTS DUTIES AND PRIVILEGES
APPERTAINING TO THAT DEGREE


HOUSTON, TEXAS
DECEMBER THIRTIETH
A. D. MMXV

David W. Leebron
PRESIDENT

Esther

Unofficial Academic Transcript

S01179519 Yanxin Lu
Oct 02, 2017 04:37 pm

 This is not an official transcript.

Note: Esther displays GPA to the second decimal place. The Office of the Registrar will continue to use the GPA to the third decimal place when determining Academic Standing such as the President's Honor Roll, probation, and suspension.

Unofficial Academic Transcript - Rice University

Institution Credit Transcript Totals Courses in Progress

Transcript Data

STUDENT INFORMATION

Birth Date: Oct 17, 1989

Curriculum Information

Current Program

Major and Department: Computer Science,
Computer Science

***Transcript type:Official is NOT Official ***

DEGREE AWARDED:

Awarded: Master of Science **Degree Date:** Dec 30, 2015

Curriculum Information

Major: Computer Science
Masters Thesis: Improving Peer Evaluation Quality in Massive Open Online Course
Comments: Director: Swarat Chaudhuri

Sought: Doctor of Philosophy **Degree Date:**

Curriculum Information

Major: Computer Science

INSTITUTION CREDIT -Top-

Term: Fall 12

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	412	GR	COMPILER CONSTRUCTION	A	4.000	16.00	
COMP	507	GR	COMPUTER-AIDED PROGRAM DESIGN	A	4.000	16.00	
COMP	527	GR	COMPUTER SYSTEMS SECURITY	B	4.000	12.00	
COMP	590	GR	COMPUTER SCIENCE PROJECTS	A	1.000	4.00	I
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	14.000	14.000	14.000	13.000	48.00	3.69
Cumulative:	14.000	14.000	14.000	13.000	48.00	3.69

Unofficial Transcript

Term: Spring 13

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	421	GR	OP SYS/CONCURRENT PROGRAMMING	B	4.000	12.00	
COMP	590	GR	COMPUTER SCIENCE PROJECTS	A	4.000	16.00	I
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	607	GR	AUTOMATED PROGRAM VERIFICATION	S	1.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	10.000	10.000	10.000	8.000	28.00	3.50
Cumulative:	24.000	24.000	24.000	21.000	76.00	3.61

Unofficial Transcript

Term: Summer 13

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	800	GR	GRADUATE RESEARCH	S	6.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	6.000	6.000	6.000	0.000	0.00	0.00
Cumulative:	30.000	30.000	30.000	21.000	76.00	3.61

Unofficial Transcript

Term: Fall 13

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	5.000	0.00	I
STAT	640	GR	DATA MINING & STAT LEARNING	B+	3.000	9.99	

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	9.000	9.000	9.000	3.000	9.99	3.33
Cumulative:	39.000	39.000	39.000	24.000	85.99	3.58

Unofficial Transcript

Term: Spring 14

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	411	GR	PRINCIPLES OF PROG LANGUAGE	A	4.000	16.00	
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	607	GR	AUTOMATED PROGRAM VERIFICATION	U	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	4.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	10.000	9.000	9.000	4.000	16.00	4.00
Cumulative:	49.000	48.000	48.000	28.000	101.99	3.64

Unofficial Transcript

Term: Summer 14

Term Comments: Master's Candidacy Achieved

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	800	GR	GRADUATE RESEARCH	S	6.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	6.000	6.000	6.000	0.000	0.00	0.00
Cumulative:	55.000	54.000	54.000	28.000	101.99	3.64

Unofficial Transcript

Term: Fall 14

Term Comments: Master's Thesis Defended

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	450	GR	ALGORITHMIC ROBOTICS	A-	4.000	14.68	
COMP	509	GR	ADV LOGIC IN COMPUTER SCIENCE	B-	4.000	10.68	
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	4.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	13.000	13.000	13.000	8.000	25.36	3.17
Cumulative:	68.000	67.000	67.000	36.000	127.35	3.53

Unofficial Transcript

Term: Spring 15

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	607	GR	AUTOMATED PROGRAM VERIFICATION	S	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	8.000	0.00	I
ENGI	600	GR	GRADUATE COMMUNICATIONS SEM	S	0.000	0.00	

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	10.000	10.000	10.000	0.000	0.00	0.00

Cumulative: 78.000 77.000 77.000 36.000 127.35 3.53

Unofficial Transcript

Term: Summer 15

Term Comments: Master's Thesis Turned In

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	800	GR	GRADUATE RESEARCH	S	9.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	9.000	9.000	9.000	0.000	0.00	0.00
Cumulative:	87.000	86.000	86.000	36.000	127.35	3.53

Unofficial Transcript

Term: Fall 15

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	9.000	0.00	I
MUSI	117	GR	FUNDAMENTALS OF MUSIC I	A	3.000	12.00	

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	13.000	13.000	13.000	3.000	12.00	4.00
Cumulative:	100.000	99.000	99.000	39.000	139.35	3.57

Unofficial Transcript

Term: Spring 16

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	9.000	0.00	I
MUSI	317	GR	THEORY FOR NON MAJORS I	B+	3.000	9.99	

Term Totals (Graduate)

	Attempt	Passed	Earned	GPA	Quality	GPA
--	---------	--------	--------	-----	---------	-----

	Hours	Hours	Hours	Hours	Points	
Current Term:	13.000	13.000	13.000	3.000	9.99	3.33
Cumulative:	113.000	112.000	112.000	42.000	149.34	3.55

Unofficial Transcript

Term: Summer 16

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	800	GR	GRADUATE RESEARCH	S	9.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	9.000	9.000	9.000	0.000	0.00	0.00
Cumulative:	122.000	121.000	121.000	42.000	149.34	3.55

Unofficial Transcript

Term: Fall 16

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	9.000	0.00	I
ELEC	677	GR	INTRODUCTION TO DEEP LEARNING	B+	3.000	9.99	

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	13.000	13.000	13.000	3.000	9.99	3.33
Cumulative:	135.000	134.000	134.000	45.000	159.33	3.54

Unofficial Transcript

Term: Spring 17

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	9.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	10.000	10.000	10.000	0.000	0.00	0.00
Cumulative:	145.000	144.000	144.000	45.000	159.33	3.54

Unofficial Transcript

Term: Summer 17

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	800	GR	GRADUATE RESEARCH	S	9.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	9.000	9.000	9.000	0.000	0.00	0.00
Cumulative:	154.000	153.000	153.000	45.000	159.33	3.54

Unofficial Transcript

TRANSCRIPT TOTALS (GRADUATE) -Top-

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Total Institution:	154.000	153.000	153.000	45.000	159.33	3.54
Total Transfer:	0.000	0.000	0.000	0.000	0.00	0.00
Overall:	154.000	153.000	153.000	45.000	159.33	3.54

Unofficial Transcript

COURSES IN PROGRESS -Top-

Term: Fall 17

Subject	Course	Level	Title	Credit Hours
COMP	600	GR	GRADUATE SEMINAR	1.000
COMP	800	GR	GRADUATE RESEARCH	9.000

Unofficial Transcript

Esther Privacy
RELEASE: 8.7.1

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