



# Request for Premium Processing Service

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

USCIS  
Form I-907  
OMB No. 1615-0048  
Expires 11/30/2022

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

<b>To be completed by an attorney or accredited representative (if any).</b>	<input checked="" type="checkbox"/> <b>Select this box if Form G-28 or Form G-28I is attached.</b>	Attorney State Bar Number (if applicable) <b>6201037</b>	Attorney or Accredited Representative USCIS Online Account Number (if any) _____
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▶ **START HERE** - Type or print in black ink.

## Part 1. Information About the Person Filing This Request

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

▶ A- **1 1 6 5 6 4 7 4 9**      ▶ \_\_\_\_\_

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

\_\_\_\_\_

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

**The University of Chicago**

5. Mailing Address

In Care Of Name

**Theresa A Corcoran**

Street Number and Name      Apt. Ste. Flr. Number

**332 S Michigan Ave**         **1428**

City or Town      State      ZIP Code USPS ZIP Code Lookup

**Chicago**      **IL**      **60604**

Province      Postal Code      Country

\_\_\_\_\_      \_\_\_\_\_      **USA**

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

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

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

7. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

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

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

**Part 2. Information About the Request**

1. Form Number of Related Petition or Application

**I-129**

2. Receipt Number of Related Petition or Application

3. Classification or Eligibility Requested

**H-1B**

4. Petitioner or Applicant in the Related Case

Family Name (Last Name)

Given Name (First Name)

Middle Name

5. Beneficiary in the Related Case

Family Name (Last Name)

**JIANG**

Given Name (First Name)

**Xuewei**

Middle Name

6. Name of Point of Contact for the Company or Organization

Family Name (Last Name)

**Veronesi**

Given Name (First Name)

**Pietro**

Middle Name

Position Title

**Deputy Dean for Faculty**

7. Company or Organization IRS Employer Identification Number (EIN) (if any)

**36-2177139**



## Part 2. Information About the Request (continued)

### 8. Address of Petitioner, Applicant, Company, or Organization Named in Related Case

Street Number and Name

5807 S Woodlawn Avenue

Apt. Ste. Flr. Number

City or Town

Chicago

State

IL

ZIP Code

60637

Province

Postal Code

Country

USA

## Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature

**NOTE:** Read the **Penalties** section of the Form I-907 Instructions before completing this section.

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

### Requestor's Statement

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

#### 1. Requestor's Statement Regarding the Interpreter

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

#### 2. Requestor's Statement Regarding the Preparer

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

### Requestor's Contact Information

#### 3. Requestor's Daytime Telephone Number

3123419730

#### 4. Requestor's Mobile Telephone Number (if any)

#### 5. Requestor's Fax Number (if any)

3123410399

#### 6. Requestor's Email Address (if any)

theresac@klc-ltd.com

### Requestor's Declaration and Certification

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

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

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

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

**Requestor's Signature**

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

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

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

Provide the following information about the interpreter.

**Interpreter's Full Name**

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

**Interpreter's Mailing Address**

3. Street Number and Name  Apt.  Ste.  Flr.  Number   
City or Town  State  ZIP Code   
Province  Postal Code  Country

**Interpreter's Contact Information**

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

**Interpreter's Certification**

I certify, under penalty of perjury, that:

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



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

**Interpreter's Signature**

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

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

Provide the following information about the preparer.

**Preparer's Full Name**

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

**Preparer's Mailing Address**

3. Street Number and Name \_\_\_\_\_ Apt. Ste. Flr. Number  
   \_\_\_\_\_
- City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_
- Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**Preparer's Contact Information**

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

**Preparer's Statement**

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

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

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

***Preparer's Certification***

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

***Preparer's Signature***

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)



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**Part 6. Additional Information**

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

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

2. A-Number (if any) ▶ A-

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

3.D.

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

4.D.

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

5.D.

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# 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 09/30/2021

1. Name of the Petitioner

The University of Chicago

2. Name of the Beneficiary

Xuewei JIANG

## Section 1. General Information

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

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

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

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

3. Major/Primary Field of Study

Finance

4. Rate of Pay Per Year

\$150,000 - \$350,000

5. DOT Code

0 9 0

6. NAICS Code

6 1 1 3 1 0

## Section 2. Fee Exemption and/or Determination

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

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



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

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

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

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

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

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

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

**Section 3. Numerical Limitation Information**

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

- a. CAP H-1B Bachelor's Degree  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

N/A

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

N/A

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

Street Number and Name	Apt.	Ste.	Flr.	Number
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State		ZIP Code	
N/A				

**Section 3. Numerical Limitation Information (continued)**

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

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

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





# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS  
Form G-28  
OMB No. 1615-0105  
Expires 05/31/2021

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)  
▶

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)   
2.b. Given Name (First Name)   
2.c. Middle Name

### Address of Attorney or Accredited Representative

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

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number   
5. Mobile Telephone Number (if any)   
6. Email Address (if any)   
7. Fax Number (if any)

## Part 2. 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 extra space to complete this section, use the space provided in Part 6. Additional Information.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select only one box)  am not  am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a.  I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

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 for a limited purpose is at his or her request.

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).

4.b. Name of Law Student or Law Graduate



**Part 3. Notice of Appearance as Attorney or Accredited Representative**

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

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

- 1.a.  U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a.  U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a.  U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)  
▶
- 5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):  
 Applicant  Petitioner  Requestor  
 Beneficiary/Derivative  Respondent (ICE, CBP)

**Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)**

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)  
▶
- 9. Client's Alien Registration Number (A-Number) (if any)  
▶ A-

**Client's Contact Information**

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

**Mailing Address of Client**

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b.  Apt.  Ste.  Flr.
- 13.c. City or Town
- 13.d. State  13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

**Part 4. Client's Consent to Representation and Signature**

**Consent to Representation and Release of Information**

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 U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.





**Part 4. Client's Consent to Representation and Signature (continued)**

**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

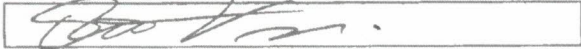
If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a.  I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b.  I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**


- 1.c.  I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

**Signature of Client or Authorized Signatory for an Entity**

- 2.a. Signature of Client or Authorized Signatory for an Entity  
➔ 
- 2.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 DHS. 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. a. Signature of Attorney or Accredited Representative  

- 1. b. Date of Signature (mm/dd/yyyy)
- 2. a. Signature of Law Student or Law Graduate
- 2. b. Date of Signature (mm/dd/yyyy)





**Part 6. Additional Information**

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number  2.b. Part Number  2.c. Item Number

2.d.

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d.

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d.

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d.

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d.





# Petition for a Nonimmigrant Worker

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

USCIS  
Form I-129  
OMB No. 1615-0009  
Expires 07/31/2022

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

### 2. Company or Organization Name

<b>The University of Chicago</b>
----------------------------------

### 3. Mailing Address of Individual, Company or Organization

In Care Of Name			
<b>Katharine Malloy, Associate Director, Human Resources</b>			
Street Number and Name		Apt. Ste. Flr. Number	
<b>5807 S Woodlawn Avenue</b>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City or Town		State	ZIP Code
<b>Chicago</b>		<b>IL</b>	<b>60637</b>
Province	Postal Code	Country	
		<b>USA</b>	

### 4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
<b>7738344138</b>		<b>kate.malloy@chicagobooth.edu</b>

### 5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (if any)
▶ <b>36-2177139</b>	▶	▶

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

1. Requested Nonimmigrant Classification (Write classification symbol): **H-1B**
2. Basis for Classification (select only one box):
- a. New employment.
  - b. Continuation of previously approved employment without change with the same employer.
  - c. Change in previously approved employment.
  - d. New concurrent employment.
  - e. Change of employer.
  - f. Amended petition.
3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None." ▶ **W A C 2 0 3 2 8 5 0 7 2 4**
4. Requested Action (select only one box):
- a. Notify the office in Part 4. so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
  - b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in Item Number 2., above.
  - c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
  - d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
  - e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
  - f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.) ▶ **One**

**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  
**N/A**
2. Provide Name of Beneficiary
- | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|-------------|
| <b>JIANG</b>            | <b>Xuewei</b>           |             |
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 |
|-------------------------|-------------------------|-------------|
| <b>N/A</b>              |                         |             |
|                         |                         |             |
|                         |                         |             |
4. Other Information
- |   |  |  |
|---|--|--|
| Date of birth (mm/dd/yyyy)<br><b>03/13/1993</b> | Gender<br><input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | U.S. Social Security Number (if any)<br>▶ <b>0 9 2 9 9 3 2 1 5</b> |
|---|--|--|



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

Alien Registration Number (A-Number)	Country of Birth
▶ A- 1 1 6 5 6 4 7 4 9	CHINA
Province of Birth	Country of Citizenship or Nationality
Shandong	CHINA

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

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
06/06/2022	▶ 8 8 3 3 6 5 9 7 3 A 2	EJ4954380
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
07/13/2021	07/12/2031	CHINA
Current Nonimmigrant Status	Date Status Expires or D/S (mm/dd/yyyy)	
H-1B	10/15/2023	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	
N/A	N/A	

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

Street Number and Name	Apt. Ste. Flr.	Number
11950 Idaho Ave.	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	113
City or Town	State	ZIP Code
Los Angeles	CA	90025

**Part 4. Processing Information**

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

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

b. Office Address (City)  c. U.S. State or Foreign Country

d. Beneficiary's Foreign Address

Street Number and Name	Apt. Ste. Flr.	Number
Huangtai South Road #79, 1-1-401	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City or Town	State	
Jinan		
Province	Postal Code	Country
Shandong	250014	CHINA

2. Does each person in this petition have a valid passport?  Yes  No. If no, go to **Part 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](http://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.

N/A

**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  Apt. Ste. Flr.    Number   
City or Town  State  ZIP Code

4. Did you include an itinerary with the petition?  Yes  No  
5. Will the beneficiary(ies) work for you off-site at another company or organization's location?  Yes  No  
6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)?  Yes  No  
7. Is this a full-time position?  Yes  No

8. If the answer to Item Number 7. is no, how many hours per week for the position? ▶   
9. Wages: \$  per (Specify hour, week, month, or year) ▶

10. Other Compensation (Explain)  
**Standard University Benefits**

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



**Part 6. 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:

- 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
- 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)

Veronesi

Given Name (First Name)

Pietro

Title

Deputy Dean for Faculty

**2. Signature and Date**

Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)



*[Handwritten Signature]*

07/22/2022

**3. Signatory's Contact Information**

Daytime Telephone Number

773-702 6348

Email Address (if any)

pietro.veronesi@chicagobooth.edu

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

**Part 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)

Corcoran

Given Name (First Name)

Theresa

**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).)

Kempster, Corcoran, Quiceno & Lenz-Calvo, LTD

**3. Preparer's Mailing Address**

Street Number and Name

332 S. Michigan Ave

Apt. Ste. Flr. Number

1428

City or Town

Chicago

State

IL

ZIP Code

60604

Province

Postal Code

Country

UNITED STATES OF AMERICA

**4. Preparer's Contact Information**

Daytime Telephone Number

3123419730

Fax Number

3123410399

Email Address (if any)


theresac@klc-ltd.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)

07/26/2022

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**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- 

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

2. 

Page Number	Part Number	Item Number
4	4	8a

**H-1B with University of Southern California (WAC-20-328-50724; valid 10/16/2020 - 10/15/2023)**

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3. 

Page Number	Part Number	Item Number
Miscellaneous		

**I-140 with University of Southern California (LIN-22-211-51112; Approved)**

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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 07/31/2022

1. Name of the Petitioner

The University of Chicago

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

2.a. Name of the Beneficiary

JIANG, Xuewei

OR

2.b. Provide the total number of beneficiaries

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

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

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From	To
Please see attached addendum to Form I-129		

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

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

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

N/A

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

- Yes
- No

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

Yes  No

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

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

8.b. Explanation

N/A

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

1. Describe the proposed duties.

**Please see letter of support.**

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

**Please see letter of support.**

**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)



Pietro Veronesi, Deputy Dean for Faculty

07/22/2022

**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)



Pietro Veronesi, Deputy Dean for Faculty

07/22/2022

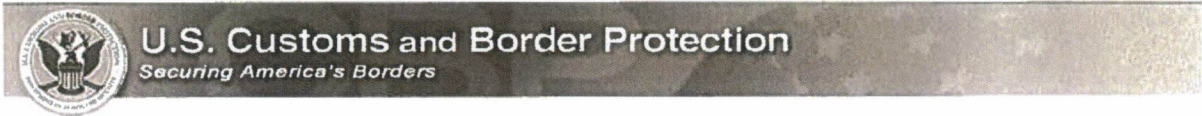
**Statement for H-1B U.S. Department of Defense Projects Only**

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)

 For: **XUEWEI JIANG**

## Most Recent I-94

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**Admission (I-94) Record Number : 883365973A2**

**Most Recent Date of Entry: 2022 June 06**

**Class of Admission : H1B**

**Admit Until Date : 10/15/2023**

**Details provided on the I-94 Information form:**

**Last/Surname : JIANG**  
**First (Given) Name : XUEWEI**  
**Birth Date : 1993 March 13**  
**Document Number : EJ4954380**  
**Country of Citizenship : 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 1651-0111  
Expiration Date 06/30/2023

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

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









Receipt Number <b>WAC2032850724</b>		Case Type <b>I129 PETITION FOR A NONIMMIGRANT WORKER</b>
Received Date <b>09/30/2020</b>	Priority Date	Petitioner <b>UNIVERSITY OF SOUTHERN CALIFORNIA.</b>
Notice Date <b>10/07/2020</b>	Page <b>1 of 2</b>	Beneficiary A116 564 749 <b>JIANG, XUEWEI</b>

UNIVERSITY OF SOUTHERN CALIFORNIA c/o JOSEPH I ELIAS ESQ DIR FACULTY/STA 3434 SOUTH GRAND AVE STE CAL 302 LOS ANGELES CA 900892812	<b>Notice Type:</b> Approval Notice <b>Class:</b> H1B Valid from 10/16/2020 to 10/15/2023
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The above petition and accompanying request for a change of status have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to file a new Form I-129, Petition for a Nonimmigrant Worker.

The dates in the I-94 attached below might not be for the same dates as the petition validity dates above because the I-94 below may contain a grace period of up to 10 days before and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-1S, P-2, P-2S, P-3, P-3S, TN-1, and TN-2. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. However, the beneficiary(ies) may not work during such grace periods, unless otherwise authorized by law. The decision to grant a grace period and the length of the granted grace period is discretionary, final, and cannot be contested on motion or appeal. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted a change of status who leaves the U.S. and is not visa-exempt must normally obtain a visa in the new classification before returning. The left part can be used when applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry based on this approval notice at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this petition does not guarantee that the beneficiary(ies) will be found to be eligible for a visa, for admission to the United States (if traveling abroad and seeking re-admission), or for a subsequent extension of stay, change of status, or adjustment of status.

**THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.**

Please see the additional information on the back. You will be notified separately about any other cases you filed.

California Service Center U. S. CITIZENSHIP & IMMIGRATION SVC P.O. Box 30111 Laguna Niguel CA 92607-0111 USCIS Contact Center: <a href="http://www.uscis.gov/contactcenter">www.uscis.gov/contactcenter</a>	
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PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

**Receipt#** WAC2032850724  
**I-94#** 490459797 A2  
**NAME** JIANG, XUEWEI  
**CLASS** H1B  
**VALID FROM** 10/16/2020 **UNTIL** 10/25/2023

**PETITIONER**  
 UNIVERSITY OF SOUTHERN CALIFORNIA,  
 3434 SOUTH GRAND AVE STE CAL 302  
 LOS ANGELES CA 900892812

**490459797 A2**

**Receipt Number** WAC2032850724  
**US Citizenship and Immigration Services**

**I94 Departure Record**  
**Petitioner:** UNIVERSITY OF SOUTHERN CALIFORNIA

14. Family Name <b>JIANG</b>	
15. First (Given) Name <b>XUEWEI</b>	16. Date of Birth <b>03/13/1993</b>
17. Country of Citizenship <b>CHINA, PEOPLE'S REPUBLIC</b>	
OF	



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

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Xuewei Jiang	University of Southern California	2062305	06/01/2022	06/30/2022	06/24/2022	

	Hours Worked	Gross Pay	Pre Tax Deductions	Statutory Taxes	Post Tax Deductions	Net Pay
Current	0.00	25,666.67	1,565.68	3,848.86	0.00	20,252.13
YTD	0.00	154,000.03	10,783.10	29,859.94	-3,540.12	116,897.11

Earnings						Statutory Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Core Amount Earned					115,500.02	OASDI	1,330.98	9,114.00
Research Supplemental F06/01/2022-06/30/2022		0	0	25,666.67	38,500.01	Medicare	368.08	2,188.30
						Federal Withholding	0.00	5,800.94
						State Tax - CA	2,149.80	12,756.70
<b>Earnings</b>						<b>Statutory Taxes</b>		
				25,666.67	154,000.03			3,848.86
								29,859.94

Pre Tax Deductions				Post Tax Deductions			
Description	Amount	YTD		Description	Amount	YTD	
403(b) Fidelity Employee Pre-tax Match Contribu		1,283.34		Expense Reimbursement Issuance		-3,540.12	
403(b) Fidelity Employee Pre-tax Match Contribu	1,283.34	6,416.70					
Dental-Delta Dental-Employee Contribution		20.00					
Dental-Delta Dental-Employee Contribution	0.00	120.00					
Medical-USC Trojan Care EPO-Employee Contri		171.00					
Details Not Displayed	282.34	2,772.06					
<b>Pre Tax Deductions</b>	<b>1,565.68</b>	<b>10,783.10</b>		<b>Post Tax Deductions</b>	<b>0.00</b>	<b>-3,540.12</b>	

Employer Paid Benefits				Subject or Taxable Wages			
Description	Amount	YTD		Description	Amount	YTD	
401(a)-Fidelity Employer Match	1,283.34	7,700.04		OASDI - Taxable Wages	21,467.36	147,000.00	
401(a) Fidelity Employer Non-Elective Contributic	1,283.34	7,700.04		Medicare - Taxable Wages	25,384.33	150,916.97	
Dental-Delta Dental-Employer Contribution	0.00	196.00		Federal Withholding - Taxable Wages	0.00	23,902.56	
Medical-USC Trojan Care EPO-Employer Contri	0.00	3,811.78					
Met Life Basic Life/AD&D	3.00	18.00					
<b>Employer Paid Benefits</b>	<b>2,569.68</b>	<b>19,425.86</b>					

		Federal		State		Absence Plans			
Marital Status	Married filing jointly (or Qualifying widow(er))	Married filing jointly (or Qualifying widow(er))	Married filing jointly (or Qualifying widow(er))	Married filing jointly (or Qualifying widow(er))	Married filing jointly (or Qualifying widow(er))	Description	Accrued	Reduced	Available
Allowances	0	0	0	0	0	COVID-19 CA Supplemental Sic	0	0	40
Additional Withholding	0	0	0	0	0	COVID-19 CA Supplemental Sic	0	0	40
						Sick	0	0	72

Payment Information					
Bank	Account Name	Account Number	USD Amount	Payment Amount	
Bank of America	Bank of America *****0894	*****0894		20,252.13	USD





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

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Xuewei Jiang	University of Southern California	2062305	05/01/2022	05/31/2022	05/26/2022	

	Hours Worked	Gross Pay	Pre Tax Deductions	Statutory Taxes	Post Tax Deductions	Net Pay
Current	0.00	25,666.68	1,764.11	4,056.21	0.00	19,846.36
YTD	0.00	128,333.36	9,217.42	26,011.08	-2,688.50	95,793.36

Earnings						Statutory Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Core Amount Earned	05/01/2022-05/15/2022		025,666.67	12,833.34	115,500.02	OASDI	1,561.52	7,783.02
Research Supplemental	F05/16/2022-05/31/2022	0	0	12,833.34	12,833.34	Medicare	365.19	1,820.22
						Federal Withholding	0.00	5,800.94
						State Tax - CA	2,129.50	10,606.90
<b>Earnings</b>						<b>Statutory Taxes</b>		
				25,666.68	128,333.36			4,056.21
								26,011.08

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
403(b) Fidelity Employee Pre-tax Match Contribu		1,283.34	Expense Reimbursement Issuance		-2,688.50
403(b) Fidelity Employee Pre-tax Match Contribu	1,283.34	5,133.36			
Dental-Delta Dental-Employee Contribution		20.00			
Dental-Delta Dental-Employee Contribution	20.00	120.00			
Medical-USC Trojan Care EPO-Employee Contri		171.00			
Details Not Displayed	460.77	2,489.72			
<b>Pre Tax Deductions</b>	<b>1,764.11</b>	<b>9,217.42</b>	<b>Post Tax Deductions</b>	<b>0.00</b>	<b>-2,688.50</b>

Employer Paid Benefits			Subject or Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
401(a)-Fidelity Employer Match	1,283.34	6,416.70	OASDI - Taxable Wages	25,185.91	125,532.64
401(a) Fidelity Employer Non-Elective Contributk	1,283.34	6,416.70	Medicare - Taxable Wages	25,185.91	125,532.64
Dental-Delta Dental-Employee Contribution	28.00	196.00	Federal Withholding - Taxable Wages	0.00	23,902.56
Medical-USC Trojan Care EPO-Employer Contri	544.54	3,811.78			
Met Life Basic Life/AD&D	3.00	15.00			
<b>Employer Paid Benefits</b>	<b>3,142.22</b>	<b>16,856.18</b>			

Marital Status	Federal		State		Absence Plans			
	Married filing jointly (or Qualifying widow(er))	Married filing jointly (or Qualifying widow(er))	Married filing jointly (or Qualifying widow(er))	Married filing jointly (or Qualifying widow(er))	Description	Accrued	Reduced	Available
Allowances	0	0	0	0	COVID-19 CA Supplemental Sick	0	0	40
Additional Withholding	0	0	0	0	COVID-19 CA Supplemental Sick	0	0	40
					Sick	0	0	72

Payment Information					
Bank	Account Name	Account Number	USD Amount	Payment Amount	
Bank of America	Bank of America *****0894	*****0894		19,846.36	USD

# THE UNITED STATES OF AMERICA

## I-797 | NOTICE OF ACTION

DEPARTMENT OF HOMELAND SECURITY  
U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number LIN2221151112		Case Type I140 - IMMIGRANT PETITION FOR ALIEN WORKER
Received Date 05/16/2022	Priority Date 08/09/2021	Petitioner UNIVERSITY SOUTHERN CALIFORNIA
Notice Date 05/18/2022	Page 1 of 1	Beneficiary A116 564 749 JIANG, XUEWEI

UNIVERSITY SOUTHERN CALIFORNIA  
c/o JOSEPH I ELIAS ESQ DIRECTOR FSVS  
3434 SOUTH GRAND AVE STE CAL 302  
LOS ANGELES CA 90089

**Notice Type:** Approval Notice  
**Section:** Mem of Profession w/Adv Deg.or of  
Exceptn'l Ability Sec.203(b)(2)  
**Consulate:**  
**ETA Case Number:** A2117908792  
**SOC Code:** 251011 **Skill Level:** 1

The above petition has been approved. The petition indicates that the person for whom you are petitioning is in the United States and will apply for adjustment of status. He or she should contact the local USCIS office to obtain Form I-485, Application to Register Permanent Residence or Adjust Status. A copy of this notice should be submitted with the application, with appropriate fee, to this Service Center. Additional information about eligibility for adjustment of status may be obtained from the local USCIS office serving the area where he or she lives, or by calling 1-800-375-5283.

If the person for whom you are petitioning decides to apply for a visa outside the United States based upon this petition, the petitioner should file Form I-824, Application for Action on an Approved Application or Petition, to request that we send the petition to the Department of State National Visa Center (NVC).

The NVC processes all approved immigrant visa petitions that require consular action. The NVC also determines which consular post is the appropriate consulate to complete visa processing. It will then forward the approved petition to that consulate.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

**THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.**

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO) at the Small Business Administration. The ONO assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory enforcement, you may contact the ONO at [www.sba.gov/ombudsman](http://www.sba.gov/ombudsman) or phone 202-205-2417 or fax 202-481-5719.

**NOTICE:** Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

Nebraska Service Center  
U.S. CITIZENSHIP & IMMIGRATION SVC  
P.O. Box 82521  
Lincoln NE 68501-2521

USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)





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



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

**A. Employment-Based Nonimmigrant Visa Information**

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

**B. Temporary Need Information**

1. Job Title * Visiting Assistant Professor	
2. SOC (ONET/OES) code * 25-1011.00	3. SOC (ONET/OES) occupation title * Business Teachers, Postsecondary
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Period of Intended Employment</b>
	5. Begin Date * 8/16/2022 (mm/dd/yyyy)
	6. End Date * 8/15/2025 (mm/dd/yyyy)
7. Worker positions needed/basis for the visa classification supported by this application	
<input type="text" value="1"/> Total Worker Positions Being Requested for Certification *	
Basis for the visa classification supported by this application (indicate total workers in each applicable category)	
<input type="text" value="0"/> 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="1"/> 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 * The University Of Chicago		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 * 5807 S Woodlawn Avenue		
4. Address 2		
5. City * Chicago	6. State * Illinois	7. Postal code * 60637
8. Country * United States Of America		9. Province
10. Telephone number * +1 (773) 702-7743		11. Extension
12. Federal Employer Identification Number (FEIN from IRS) * 36-2177139		13. NAICS code (must be at least 4-digits) * 611310



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



**D. Employer Point of Contact Information**

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

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s)
Malloy	Katharine	
4. Contact's job title *		
Associate Director, Human Resources		
5. Address 1 *		
5807 S Woodlawn Avenue		
6. Address 2		
7. City *	8. State *	9. Postal code *
Chicago	Illinois	60637
10. Country *		11. Province
United States Of America		
12. Telephone number *	13. Extension	14. E-Mail address
+1 (773) 834-4138		Kate.Malloy@chicagobooth.edu

**E. Attorney or Agent Information (If applicable)**

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

1. Is the employer represented by an attorney or agent in the filing of this application? *		<input 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)	
Corcoran	Theresa	A	
5. Address 1 §			
332 S Michigan Avenue			
6. Address 2			
Suite 1428			
7. City §	8. State §	9. Postal code §	
Chicago	Illinois	60604	
10. Country §		11. Province	
United States Of America			
12. Telephone number §	13. Extension	14. E-Mail address	
+1 (312) 341-9730		theresac@klc-ltd.com	
15. Law firm/Business name §		16. Law firm/Business FEIN §	
Kempster, Corcoran, Quiceno & Lenz-Calvo, LTD		36-3343481	
17. State Bar number (only if attorney) §		18. State of highest court where attorney is in good standing (only if attorney) §	
6201037		Illinois	
19. Name of the highest State court where attorney is in good standing (only if attorney) §			
Illinois Supreme Court			

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



**F. Employment and Wage Information**

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

**a. Place of Employment Information 1**

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*		1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.*		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. §		
4. Address 1 * 5807 S Woodlawn Ave		
5. Address 2		
6. City * Chicago		7. County * Cook
8. State/District/Territory * Illinois		9. Postal code * 60637
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ 150000 .00 To: \$ 350000 .00		10a. Per: (Choose only one)* <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing Wage Rate * \$ 53050 .00		11a. Per: (Choose only one)* <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
<b>Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *</b>		
<input type="checkbox"/>	12. A Prevailing Wage Determination (PWD) issued by the Department of Labor	a. PWD tracking number §
<input checked="" type="checkbox"/>	13. A PW obtained independently from the Occupational Employment Statistics (OES) Program	
	a. Wage Level (check one): § <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year § 7/1/2022 - 6/30/2023
<input type="checkbox"/>	14. A PW obtained using another legitimate source (other than OES) or an independent authoritative source	
	a. Source Type (check one): § <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey	b. Source Year §
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §	
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §	



Labor Condition Application for Nonimmigrant Workers  
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**G. Employer Labor Condition Statements**

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

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

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

**H. Additional Employer Labor Condition Statements –H-1B Employers ONLY**

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

**a. Subsection 1**

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



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

**b. Subsection 2**

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

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

**I. Public Disclosure Information**

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

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

**J. Notice of Obligations**

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

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

1. Last (family) name of hiring or designated official * Veronesi	2. First (given) name of hiring or designated official * Pietro	3. Middle initial §
4. Hiring or designated official title * Deputy Dean for Faculty		
5. Signature *	6. Date signed * 07/22/2022	

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



**K. LCA Preparer**


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

1. Last (family) name §	2. First (given) name §	3. Middle initial
4. Firm/Business name §		
5. E-Mail address §		

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

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

This certification is valid from 8/16/2022 to 8/15/2025



Department of Labor, Office of Foreign Labor Certification

7/19/2022

Certification Date (date signed)

I-200-22193-345760

Case number

Certified

Case Status

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

**M. Signature Notification and Complaints**

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

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

For public burden statement information, please see Form ETA-9035CP General Instructions.



July 19, 2022

United States Department of Homeland Security  
United States Citizenship & Immigration Services  
California Service Center  
24000 Avila Road  
2<sup>nd</sup> Floor, Room 2312  
Laguna Niguel, CA 92677

RE: **JIANG, Xuewei**  
**H-1B Transfer Petition**

Dear Sir or Madam:

I am writing on behalf of The University of Chicago in support of our H-1B transfer petition for Dr. Xuewei Jiang. We wish to employ Dr. Jiang as a Visiting Assistant Professor for a temporary period.

**Employer information**

The University of Chicago, which was founded in 1892 and employs a staff of approximately 9,500, is a private, non-profit institution of higher education engaged in teaching and research. Our Booth School of Business (formerly The University of Chicago Graduate School of Business (GSB)) is ranked first in the nation on *The U.S. News & World Report* list of Top Business Schools of 2023.

**Job Duties**

As a Visiting Assistant Professor with The University of Chicago Booth School of Business, Dr. Jiang will be responsible for teaching three sections of “Corporate Finance” courses in our undergraduate program. Their duties will include course preparation, review and grading of assignments and academic advising of individual students, as requested. Dr. Jiang will also conduct and supervise research in the field of Finance, submit findings for publication and attend and present at various national and international conferences and professional meetings.

**Education and Experience**

Dr. Jiang earned a Doctor of Philosophy degree and Master of Science degree, both in Finance from the University of Texas at Austin. They also earned a Bachelor of Business Administration degree in Economics and Mathematics from Baylor University. Dr. Jiang’s research interests include Financial Intermediation, Household Finance, Real Estate, and Corporate Finance



Dr. Jiang is currently employed as an Assistant Professor of Finance and Business Economics at the University of Southern California under the auspices of an H-1B visa. In this role they teach the course "Foundations of Business Finance" and conduct related research.

**Terms of Employment**

Based on their education and professional experience, Dr. Jiang is highly qualified to fill the position of Visiting Assistant Professor with The University of Chicago Booth School of Business. We therefore seek your permission employ them for a temporary period.

Dr. Jiang will only be assigned to Booth's location in Chicago, Illinois. The University of Chicago Booth School of Business is the actual employer in that we retain the authority to pay, hire, fire, and supervise Dr. Jiang and control their work product. We would be pleased to provide any additional information that you may require.

The University of Chicago Booth School of Business intends to comply fully with all of the terms set forth in the enclosed Labor Condition Application. We would be pleased to provide any additional information you may require.

Thank you for your attention and cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Pietro Veronesi".

Pietro Veronesi  
Deputy Dean for Faculty





# THE UNIVERSITY OF TEXAS AT AUSTIN

has conferred on

Xuewei Jiang

the degree of

Doctor of Philosophy

*and all the rights and privileges thereto appertaining.*

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

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

AWARDED ON THIS TWENTY-THIRD DAY OF MAY, 2020

Handwritten signature of the Chairwoman, Board of Regents.

CHAIRMAN, BOARD OF REGENTS

Handwritten signature of the President.

PRESIDENT

Handwritten signature of the Dean.

DEAN

Handwritten signature of the Chancellor.

CHANCELLOR

**THE UNIVERSITY OF TEXAS AT AUSTIN**

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

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

**OFFICIAL TRANSCRIPT**

NAME: JIANG, XUEWEI

STUDENT ID: XXX-XX-7465  
DOB: 03/13/93DATE: 07/15/20  
PAGE: 1

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## DEGREES AWARDED BY THE UNIVERSITY OF TEXAS AT AUSTIN:

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

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

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

## COURSEWORK UNDERTAKEN AT THE UNIVERSITY OF TEXAS AT AUSTIN

FALL SEMESTER 2015		GRADUATE SCHOOL							
	ECO 385C	PROBABILITY AND STATISTICS				3.0	A		
	ECO 386C	MICROECONOMICS I				3.0	A-		
	ECO 387C	MACROECONOMICS I				3.0	A-		
HRS UNDERTAKEN	9	HRS PASSED	9	GPA	HRS 9	GR PTS	34.02	GPA	3.7800
SPRING SEMESTER 2016		GRADUATE SCHOOL							
	FIN 395	3-ASSET PRICING THEORY				3.0	A		
	ECO 386D	MICROECONOMICS II				3.0	A		
	ECO 388C	ECONOMETRICS I				3.0	A-		
HRS UNDERTAKEN	9	HRS PASSED	9	GPA	HRS 9	GR PTS	35.01	GPA	3.8900
SUMMER SEMESTER 2016		GRADUATE SCHOOL							
	FIN F395	7-SUMMER RESEARCH TOPICS				3.0	A		
HRS UNDERTAKEN	3	HRS PASSED	3	GPA	HRS 3	GR PTS	12.00	GPA	4.0000
FALL SEMESTER 2016		GRADUATE SCHOOL							
	FIN 395	4-EMPIRICAL METHS ASSET PRICING				3.0	A-		
	FIN 395	5-CORPORATE FINANCE-PHD				3.0	A-		
	ECO 388D	ECONOMETRICS II				3.0	A		
HRS UNDERTAKEN	9	HRS PASSED	9	GPA	HRS 9	GR PTS	34.02	GPA	3.7800
SPRING SEMESTER 2017		GRADUATE SCHOOL							
	FIN 395	10-EMPIRICAL METHS IN CORP FIN				3.0	A		
	R M 391	MATHEMATICS IN FINANCE				3.0	A		
	ECO 384K	EMPIRICAL INDUSTRIAL ORGANIZTN				3.0	A		
HRS UNDERTAKEN	9	HRS PASSED	9	GPA	HRS 9	GR PTS	36.00	GPA	4.0000
SUMMER SEMESTER 2017		GRADUATE SCHOOL							
	FIN F395	7-SUMMER RESEARCH TOPICS				3.0	A		
HRS UNDERTAKEN	3	HRS PASSED	3	GPA	HRS 3	GR PTS	12.00	GPA	4.0000

MORE WORK ON NEXT PAGE



*Mark Simpson*

Mark Simpson, University Registrar



**THE UNIVERSITY OF TEXAS AT AUSTIN**

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FICE CODE: 8658 IPEDS CODE: 228778 ATP CODE: 0882 ACT CODE: 4240

**OFFICIAL TRANSCRIPT**

NAME: JIANG, XUEWEI

STUDENT ID: XXX-XX-7465  
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FALL SEMESTER 2017 GRADUATE SCHOOL  
 B A 398T SUPV TEACH IN BUSINESS ADMIN 3.0 A  
 FIN 395 6-CURRENT RESEARCH TPCS IN FIN 3.0 A  
 FIN 395 9-APPLIED FINANCE RESEARCH 3.0 A  
 HRS UNDERTAKEN 9 HRS PASSED 9 GPA HRS 9 GR PTS 36.00 GPA 4.0000

SPRING SEMESTER 2018 GRADUATE SCHOOL  
 FIN 395 6-CURRENT RESEARCH TPCS IN FIN 3.0 A  
 FIN 395 9-APPLIED FINANCE RESEARCH 3.0 A  
 ECO 384H PUBLIC SECTOR MICROECONOMICS 3.0 A  
 HRS UNDERTAKEN 9 HRS PASSED 9 GPA HRS 9 GR PTS 36.00 GPA 4.0000

SUMMER SEMESTER 2018 GRADUATE SCHOOL  
 FIN F395 7-SUMMER RESEARCH TOPICS 3.0 A  
 HRS UNDERTAKEN 3 HRS PASSED 3 GPA HRS 3 GR PTS 12.00 GPA 4.0000

FALL SEMESTER 2018 GRADUATE SCHOOL  
 B A 391 1-SPEC STDS: FINANCE 3.0 A  
 FIN 395 6-CURRENT RESEARCH TPCS IN FIN 3.0 A  
 FIN 395 9-APPLIED FINANCE RESEARCH 3.0 A  
 HRS UNDERTAKEN 9 HRS PASSED 9 GPA HRS 9 GR PTS 36.00 GPA 4.0000

SPRING SEMESTER 2019 GRADUATE SCHOOL  
 B A 391 1-SPEC STDS: FINANCE 3.0 A  
 FIN 395 6-CURRENT RESEARCH TPCS IN FIN 3.0 A  
 FIN 395 9-APPLIED FINANCE RESEARCH 3.0 A  
 HRS UNDERTAKEN 9 HRS PASSED 9 GPA HRS 9 GR PTS 36.00 GPA 4.0000

SUMMER SEMESTER 2019 GRADUATE SCHOOL  
 FIN F395 7-SUMMER RESEARCH TOPICS 3.0 A  
 HRS UNDERTAKEN 3 HRS PASSED 3 GPA HRS 3 GR PTS 12.00 GPA 4.0000

FALL SEMESTER 2019 GRADUATE SCHOOL  
 FIN 395 6-CURRENT RESEARCH TPCS IN FIN 3.0 A  
 FIN 395 9-APPLIED FINANCE RESEARCH 3.0 A  
 FIN 399W DISSERTATION 3.0 CR  
 HRS UNDERTAKEN 9 HRS PASSED 9 GPA HRS 6 GR PTS 24.00 GPA 4.0000

SPRING SEMESTER 2020 GRADUATE SCHOOL  
 FIN 395 6-CURRENT RESEARCH TPCS IN FIN 3.0 A  
 FIN 395 9-APPLIED FINANCE RESEARCH 3.0 A  
 FIN 399W DISSERTATION 3.0 CR  
 HRS UNDERTAKEN 9 HRS PASSED 9 GPA HRS 6 GR PTS 24.00 GPA 4.0000

CUMULATIVE TOTALS EARNED AS A GRADUATE STUDENT AT U.T. AUSTIN  
 HRS UNDERTAKEN 102 HRS PASSED 102 GPA HRS 96 GR PTS 379.05 GPA 3.9484

MORE WORK ON NEXT PAGE



*Mark Simpson*  
 Mark Simpson, University Registrar

# THE UNIVERSITY OF TEXAS AT AUSTIN

OFFICE OF THE REGISTRAR, MAIN BLDG, ROOM 1, AUSTIN, TX 78712-1167, (512) 475-7575

FICR CODE: 3658 IPEDS CODE: 228778 ATP CODE: 8382 ACT CODE: 4240

## OFFICIAL TRANSCRIPT

NAME: JIANG, XUEWEI

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

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\*\*\* END OF TRANSCRIPT \*\*\*

### TSI STATUS INFORMATION

TSI AREA	TSI STATUS	EXPLANATION
ALL	EXEMPT	DEGREE HOLDER

TEC 51.907 UNDERGRADUATE COURSE DROP COUNTER: X



Mark Simpson, University Registrar



# Baylor University

Chartered in 1845 by the Republic of Texas

Hankamer School of Business

hereby confers upon

Xuewei Jiang

the degree of

Bachelor of Business Administration

Summa Cum Laude

with all the rights, privileges, and honors thereunto appertaining.

Given under the seal of Baylor University at Waco, Texas

under the authority of the Board of Regents and upon recommendation of the Faculty

this sixteenth day of May in the year of our Lord two thousand and fifteen.

For the Board of Regents

David E. Garland  
Interim President



Kenneth Winston Straub  
President of the University

Dean, Hankamer School of Business



Record of: Jiang, Xuewei

Date Issued: 15-JUL-2020

Issued To: Xuewei Jiang

Date of Birth: 13-MAR

Parchment: 29441438

SSN: \*\*\*-\*\*-3215

Official PDF Transcript

Level: Undergraduate

Course Level: Undergraduate

Current Program

Degree : Bachelor of Business Admin.  
 College : School of Business  
 Major : Baylor Business Fellows  
 Economics  
 Mathematics (Secondary Major)

Comments:

Honors with Distinction

Degree Awarded : Bachelor of Business Admin. 16-MAY-2015

Major : Baylor Business Fellows  
 Economics  
 Mathematics (Secondary Major)

Inst. Honors: Summa Cum Laude

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
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TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:

Fall 2010 CBE SAT II SUBJECT EXAM

CHE	1100	Intro Chemistry Lab	1.00	CR
	1300	Introductory Chemistry	3.00	CR
		AHRS EHRG GPAHRS GPA		
Current:	4.00	4.00	0.00	0.00
Cumulative:	4.00	4.00	0.00	0.00

Fall 2011 CBE BAYLOR EXAM

MTH	1321	Calculus I	3.00	CR
		AHRS EHRG GPAHRS GPA		
Current:	3.00	3.00	0.00	0.00
Cumulative:	7.00	7.00	0.00	0.00

INSTITUTION CREDIT:

Fall 2011

School of Business				
BIC	1212	Exam Life I:Human Dev/Col Life	2.00	A
BIC	1314	World Cultures I	3.00	A
BIC	1413	World of Rhetoric I	4.00	A
CHA	1088	Chapel	0.00	CR
MIS	1305	Intro Info Tech & Processing	3.00	A
MTH	1309	Calculus for Business Students	3.00	A
		AHRS EHRG GPAHRS GPA		
Current:	15.00	15.00	15.00	4.00
Cumulative:	22.00	22.00	15.00	4.00

\*\*\*\*\* CONTINUED ON NEXT COLUMN \*\*\*\*\*

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
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Institution Information continued:

Spring 2012

School of Business				
ACC	2303	HNR-Financial Accounting	3.00	A
BIC	1323	World of Rhetoric II	3.00	A
BIC	1324	HNR-World Cultures II	3.00	B
ECO	1380	Intr Eco Analysis/PolicyHONORS	3.00	A
MTH	1322	Calculus II	3.00	A

	AHRS	EHRG	GPAHRS	GPA
Current:	15.00	15.00	15.00	3.80
Cumulative:	37.00	37.00	30.00	3.90

Dean's List

Fall 2012

School of Business				
ACC	2304	Managerial Accounting	3.00	A
ECO	3306	Interm Microeconomic Analysis	3.00	A
FIN	3310	Intro to Financial Mgt	3.00	A
MTH	2311	HNR-Linear Algebra	3.00	A
MTH	2321	HNR-Calculus III	3.00	A
STA	3381	HNR-Probability and Statistics	3.00	A

	AHRS	EHRG	GPAHRS	GPA
Current:	18.00	18.00	18.00	4.00
Cumulative:	55.00	55.00	48.00	3.93

Dean's List

Spring 2013

School of Business				
ECO	3307	Interm Macroeconomic Analysis	3.00	A
ECO	4347	Econometrics	3.00	A
FIN	4360	Corporate Financial Mgt	3.00	A
MTH	3312	HNR-Combinatorics & Algebra	3.00	A
MTH	3325	Ordinary Diff Equations	3.00	A
REL	1310	The Christian Scriptures	3.00	A

	AHRS	EHRG	GPAHRS	GPA
Current:	18.00	18.00	18.00	4.00
Cumulative:	73.00	73.00	66.00	3.95

Dean's List

Fall 2013

School of Business				
ECO	4319	Game Theory	3.00	A
FIN	4365	Investment Analysis	3.00	A
FIN	4366	Optn, Futures & Derivatv	3.00	A

\*\*\*\*\* CONTINUED ON PAGE 2 \*\*\*\*\*

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*Jonathan C. Helm*  
 Jonathan C. Helm, Registrar

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Record of: Jiang, Xuewei

Date Issued: 15-JUL-2020

Date of Birth: 13-MAR

SSN: \*\*\*-\*\*-3215

Level: Undergraduate

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
Institution Information continued:				
HON 3100	Adv Readings & Research HONORS	1.00	A	
HON 3200	Colloquium HONORS	2.00	W	
MTH 3324	Numerical Methods	3.00	A	
STA 4385	Mathematical Statistics I	3.00	A	
	AHRS EHRG GPAHRS GPA			
Current:	18.00 16.00 16.00	4.00		
Cumulative:	91.00 89.00 82.00	3.96		
Dean's List				

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
Spring 2014				
School of Business				
CHA 1088	Chapel	0.00	CR	I
ECO 4333	Foreign Exchange Markets	3.00	A	
ECO 4V98	Causal Inference	3.00	A	
HON 3101	Adv Readings & Research HONORS	1.00	A	
HON 4V87	Honors Thesis	1.00	CR	I
LF 1130	Social Dance	1.00	P	
MTH 3323	Intro to Analysis	3.00	A	
MTH 3326	Partial Diff Equations	3.00	A	
STA 4386	Mathematical Statistics II	3.00	A	
	AHRS EHRG GPAHRS GPA			
Current:	18.00 18.00 16.00	4.00		
Cumulative:	109.00 107.00 98.00	3.96		
Dean's List				

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
Fall 2014				
School of Business				
ECO 4318	Law and Economics	3.00	A	
ECO 5347	Econometrics	3.00	A	
FIN 4381	Practicum in Portfolio Mgmt	3.00	A	
HON 4V87	Honors Thesis	2.00	CR	I
MTH 4316	HNR-Linear Alg/Matrix Theory	3.00	A	
MTH 4326	Advanced Calculus I	3.00	A	
	AHRS EHRG GPAHRS GPA			
Current:	17.00 17.00 15.00	4.00		
Cumulative:	126.00 124.00 113.00	3.97		
Dean's List				

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
Spring 2015				
School of Business				
ECO 5310	Macroeconomic Analy Global Eco	3.00	A	
HON 3200	Colloquium HONORS	2.00	A	
HON 4088	Honors Exit Review	0.00	CR	
HON 4V87	Honors Thesis	1.00	CR	I
MGT 3305	Organizational Behavior	3.00	A	

\*\*\*\*\* CONTINUED ON NEXT COLUMN \*\*\*\*\*

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
Institution Information continued:				
MKT 3305	Principles of Marketing	3.00	A-	
MTH 4V90	Introduction to Topology	3.00	A	
REL 1350	The Christian Heritage	3.00	A-	
	AHRS EHRG GPAHRS GPA			
Current:	18.00 18.00 17.00	3.88		
Cumulative:	144.00 142.00 130.00	3.96		
Dean's List				

***** TRANSCRIPT TOTALS *****					
	Attempt Hrs	Earned Hrs	GPA Hrs	GPA	
TOTAL INSTITUTION	137.00	135.00	130.00	3.96	
TOTAL TRANSFER	7.00	7.00	0.00	0.00	
***** END OF TRANSCRIPT *****					

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Jonathan C. Helm, Registrar

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