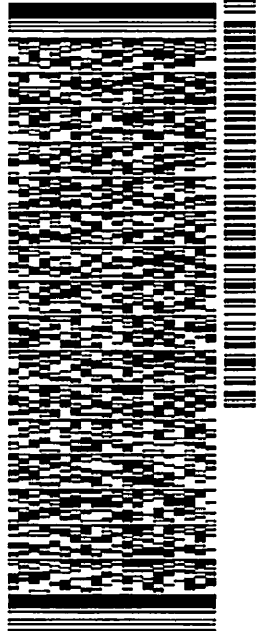


ORIGIN IDENT# (213) 740-5257  
JOSEPH ELIAS  
USC - FACILITY STAFF VISA SERVICES  
3424 S. GRAND AVENUE CAL 302B  
LOS ANGELES, CA 90089  
UNITED STATES US

SHIP DATE: 13MAY22  
ACTWGT: 1.00 LB  
CAD: 101463005/NET4490  
BILL SENDER

TO NEBRASKA SERVICE CENTER  
USCIS  
850 S STREET  
ATTN: PREMIUM PROCESSING  
LINCOLN NE 68508  
REF: JIANG, XI-140EK  
DEPT:  
PO:  
INV: (800) 375-5283

577J51BD6FE4A



J222022041201uv

TRK# 7768 5832 8149  
0201  
MON - 16 MAY 10:30A  
PRIORITY OVERNIGHT

XX LNKA  
68508  
NE-US OMA

**After printing this label:**

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

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

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

**CHECKS FOR THIS PETITION**

**I-140 (EB-2):**       **IMMIGRANT VISA PETITION**  
**Petitioner:**       **University of Southern California**  
**Beneficiary:**      **Xuwei JIANG, PhD**

**I-140 Immigrant Visa Petition:**       **\$700**  
**Premium Processing:**               **\$2,500**



**USC** University of Southern California

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

70-2328/719 IL

Check Date: February 11, 2022

No. 54148

**PAYEE: U.S. Department of Homeland Security**

Two Thousand Five Hundred and 00/100\*\*\*\*\*

**AMOUNT:**

\$ 2,500.00

**PAY EXACTLY: \$\$\$\$2,500.00**



Contains Security Features Details on Back.

PAY TO THE ORDER OF

U.S. Department of Homeland Security  
Mail Operations Program Mgr  
245 Murray Ln Sw  
WASHINGTON, DC 20528-0075

Bank of America  
Commercial Disbursement  
Northbrook, IL

CHECK IS VOID 180 DAYS  
AFTER ISSUE DATE

⑈0000054148⑈ ⑆071923284⑆ 77652⑈00619⑈





**USC** University of Southern California

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

70-2328/719 IL

Check Date: February 11, 2022

No. 54150

**PAYEE: U.S. Department of Homeland Security**

Seven Hundred and 00/100.....

**AMOUNT:** \$ 700.00

**PAY EXACTLY: \$\$\$\$700.00**

 Contains Security Features Details on Back.

PAY TO THE ORDER OF

U.S. Department of Homeland Security  
Mail Operations Program Mgr  
245 Murray Ln Sw  
WASHINGTON, DC 20528-0075

Bank of America  
Commercial Disbursement  
Northbrook, IL

CHECK IS VOID 180 DAYS  
AFTER ISSUE DATE



⑈0000054150⑈ ⑆071923284⑆ 77652⑈00619⑈



May 13, 2022

**VIA FEDERAL EXPRESS**

U.S. Citizenship and Immigration Service  
Nebraska Service Center  
850 "S" Street  
Lincoln, NE 68508

**\*\*\*REQUEST FOR PREMIUM PROCESSING\*\*\***

**RE: I-140 Immigrant Petition (EB-2)**

**Petitioner:** University of Southern California  
**Beneficiary:** Xuewei JIANG, Ph.D.  
**Category:** EB-2

Dear Sir/Madam:

We are submitting documentation in connection with the above referenced petition based upon the enclosed certified ETA 9089 Labor Certification Application:

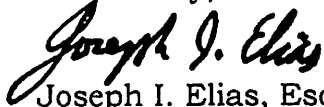
**DOCUMENTATION IN CONNECTION WITH I-140 IMMIGRANT PETITION:**

- **Form I-907 Request for Premium Processing:** With accompanying filing fee in the amount of \$2,500;
- **Form I-140 Immigrant Petition for Alien Worker:** with accompanying filing fee in the amount of \$700;
- **Certified Form ETA 9089;**
- **Beneficiary's education documents:** copies;
- **I-140 Offer of Employment Letter:** from the University of Southern California;

- **Signatory Authorization:** Issued by the Office of the Provost; and,
- **USC's Independently Audited Financial Statements:** Copy of Consolidated Financial Statements for 2021 and 2020.

Should you have any questions or require further documentation, please do not hesitate to contact this office. Thank you for your kind assistance in this matter.

Yours truly,

A handwritten signature in black ink that reads "Joseph I. Elias". The signature is written in a cursive style with a large initial "J".

Joseph I. Elias, Esq.

Director, Faculty/Staff Visa Services



# Request for Premium Processing Service

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

USCIS  
Form I-907  
OMB No. 1615-0048  
Expires 07/31/2022

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

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

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

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

▶ A-       ▶

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

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

**University of Southern California**

5. Mailing Address

In Care Of Name

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

Street Number and Name      Apt. Ste. Flr. Number

**3434 South Grand Avenue**         **CAL 302**

City or Town      State      ZIP Code *USPS ZIP Code Lookup*

**Los Angeles**      **CA**      **90089-2812**

Province      Postal Code      Country

           **United States**

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

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

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

7. Physical Address

Street Number and Name

Same as in Part 1, No. 5

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

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

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

**Part 2. Information About the Request**

- 1. Form Number of Related Petition or Application: **Form I-140**
- 2. Receipt Number of Related Petition or Application: **Concurrently filed**
- 3. Classification or Eligibility Requested: **EB-2**
- 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): **ELIAS**
  - Given Name (First Name): **Joseph**
  - Middle Name: **Ibrahim**
  - Position Title: **Director, Faculty/Staff Visa Services**
- 7. Company or Organization IRS Employer Identification Number (EIN) (if any): **951642394**

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

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

Street Number and Name

Same as in Part 1, No. 5

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

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

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

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

**Requestor's Statement**

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

1. Requestor's Statement Regarding the Interpreter

A.  I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.

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

2. Requestor's Statement Regarding the Preparer

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

**Requestor's Contact Information**

3. Requestor's Daytime Telephone Number

(213) 740-5257

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

5. Requestor's Fax Number (if any)

(213) 821-7877

6. Requestor's Email Address (if any)

fsvsmail@usc.edu

**Requestor's Declaration and Certification**

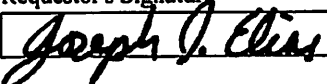
Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need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

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

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

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

**Requestor's Signature**

7. Requestor's Signature Date of Signature (mm/dd/yyyy)  
 5/13/2022

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)  
N/A

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) \_\_\_\_\_  
N/A \_\_\_\_\_

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.

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**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.

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.



# Immigrant Petition for Alien Workers

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

USCIS  
Form I-140  
OMB No. 1615-0015  
Expires 06/30/2022

For USCIS Use Only	Fee Stamp	Priority Date	Consulate	Action Block
	<b>Classification</b> <input type="checkbox"/> 203(b)(1)(A) Alien of Extraordinary Ability <input type="checkbox"/> 203(b)(1)(B) Outstanding Professor or Researcher <input type="checkbox"/> 203(b)(1)(C) Multinational Executive or Manager <input type="checkbox"/> 203(b)(2) Member of Professions with Advanced Degree/Exceptional Ability <input type="checkbox"/> 203(b)(3)(A)(i) Skilled Worker <input type="checkbox"/> 203(b)(3)(A)(ii) Professional <input type="checkbox"/> 203(b)(3)(A)(iii) Other Worker		<b>Certification</b> <input type="checkbox"/> National Interest Waiver (NIW) <input type="checkbox"/> Schedule A, Group I <input type="checkbox"/> Schedule A, Group II	
Remarks				

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

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

## Part 1. Information About the Person or Organization Filing This Petition

If an individual is filing this petition, answer Item Numbers 1.a. - 1.c. If a company or organization is filing this petition, answer Item Number 2.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Company or Organization Name

### Mailing Address

3.a. In Care Of Name

3.b. Street Number and Name

3.c.  Apt.  Ste.  Flr.

3.d. City or Town

3.e. State  3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country

### Other Information

4. IRS Employer Identification Number (EIN) ▶

5. U.S. Social Security Number (SSN) (if any) ▶

6. USCIS Online Account Number (if any) ▶

## Part 2. Petition Type

This petition is being filed for (select **only one** box):

- 1.a.  An alien of extraordinary ability.
- 1.b.  An outstanding professor or researcher.
- 1.c.  A multinational executive or manager.
- 1.d.  A member of the professions holding an advanced degree or an alien of exceptional ability (who is **NOT** seeking a National Interest Waiver (NIW)).
- 1.e.  A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree).
- 1.f.  A skilled worker (requiring at least two years of specialized training or experience).
- 1.g.  Any other worker (requiring less than two years of training or experience).
- 1.h.  An alien applying for an NIW (who **IS** a member of the professions holding an advanced degree or an alien of exceptional ability).



**Part 2. Petition Type (continued)**

This petition is being filed (select only one box):

2.a.  To amend a previously filed petition.

Previous Petition Receipt Number

▶ 2.b.  For the Schedule A, Group I or II designation.**Part 3. Information About the Person for Whom You Are Filing**1.a. Family Name (Last Name) **JIANG**1.b. Given Name (First Name) **Xuewei**1.c. Middle Name **Mailing Address**2.a. In Care Of Name 2.b. Street Number and Name **11950 Idaho Ave**2.c.  Apt.  Ste.  Flr. **113**2.d. City or Town **Los Angeles**2.e. State **CA** 2.f. ZIP Code **90025**2.g. Province 2.h. Postal Code 2.i. Country **United States****Other Information**3. Date of Birth (mm/dd/yyyy) **03/13/1993**4. City/Town/Village of Birth **Jinan**5. State or Province of Birth **Shandong**

6. Country of Birth

**China**

7. Country of Citizenship or Nationality

**China**

8. Alien Registration Number (A-Number) (if any)

▶ A-

9. U.S. SSN (if any)

▶ **x x x x x 3 2 1 5****Information About His or Her Last Arrival in the United States**

If the person for whom you are filing is in the United States, provide the following information.

10. Date of Last Arrival (mm/dd/yyyy) **02/09/2022**

11.a. Form I-94 Arrival-Departure Record Number

▶ **7 6 5 8 9 5 9 1 0 A 2**11.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) **10/15/2023**

11.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)

**H-1B**

12. Passport Number

**EJ4954380**13. Travel Document Number 

14. Country of Issuance for Passport or Travel Document

**China**15. Expiration Date for Passport or Travel Document (mm/dd/yyyy) **07/12/2031****Part 4. Processing Information**

Provide the following information for the person named in Part 3. (select only one box):

1.a.  Alien will apply for a visa abroad at a U.S. Embassy or U.S. Consulate at:1.b. City or Town 1.c. Country 2.a.  Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.

**Part 4. Processing Information (continued)**

2.b. Alien's current country of residence or, if now in the United States, last country of permanent residence abroad.

China

If you provided a United States address in Part 3., provide the person's foreign address in Item Numbers 3.a. - 3.f.:

3.a. Street Number and Name **79 Huangtai South Road**

3.b.  Apt.  Ste.  Flr. **1-1-401**

3.c. City or Town **Jinan**

3.d. Province **Shandong**

3.e. Postal Code **250014**

3.f. Country

China

If the person's native alphabet is other than Roman letters, type or print the person's foreign name and address in the native alphabet in Item Numbers 4.a. - 4.c.:

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

**Mailing Address**

5.a. In Care Of Name

5.b. Street Number and Name

5.c.  Apt.  Ste.  Flr.

5.d. City or Town

5.e. Province

5.f. Postal Code

5.g. Country

If you answer "Yes" to Item Numbers 6.a. - 10., provide the case number, office location, date of decision, and disposition of the decision in the space provided in Part 11. Additional Information.

6.a. Are you filing any other petitions or applications with this Form I-140?  Yes  No

6.b. If you answered "Yes" to Item Number 6.a., select all applicable boxes:

Form I-485

Form I-131

Form I-765

Other (Provide an explanation in Part 11. Additional Information.)

7. Is the person for whom you are filing in removal proceedings?  Yes  No

8. Has any immigrant visa petition ever been filed by or on behalf of this person?  Yes  No

9. Are you filing this petition without an original labor certification because the original labor certification was previously submitted in support of another Form I-140?  Yes  No

10. If you are filing this petition without an original labor certification, are you requesting that U.S. Citizenship and Immigration Services (USCIS) request a duplicate labor certification from the Department of Labor (DOL)?

N/A

Yes  No

**Part 5. Additional Information About the Petitioner**

Type of petitioner (select only one box):

1.a.  Employer

1.b.  Self

1.c.  Other (For example, Lawful Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

If a company or an organization is filing this petition, provide the following information:

2. Type of Business

**Teaching and research university.**

3. Date Established (mm/dd/yyyy) **1880**

4. Current Number of U.S. Employees **26,137**

5. Gross Annual Income \$ **Non-Profit**

6. Net Annual Income \$ **Non-Profit**

7. NAICS Code **▶ 6 1 1 3 1 0**

8. Labor Certification DOL Case Number

**A-21179-08792**



**Part 5. Additional Information About the Petitioner (continued)**

9. Labor Certification DOL Filing Date (mm/dd/yyyy)

08/09/2021

10. Labor Certification Expiration Date (mm/dd/yyyy)

08/08/2022

If an individual is filing this petition, provide the following information.

11. Occupation

12. Annual Income \$

**Part 6. Basic Information About the Proposed Employment**

1. Job Title

Assistant Professor

2. SOC Code

25 - 1011

3. Nontechnical Job Description

Please see certified ETA Form 9089.

4. Is this a full-time position?  Yes  No

5. If the answer to Item Number 4. is "No," how many hours per week for the position?

6. Is this a permanent position?  Yes  No

7. Is this a new position?  Yes  No

8. Wages (Specify hour, week, month, or year):

\$ 231,000 per year

**Worksite Location**

For Item Numbers 9.a. - 9.e., provide the address where the person will work if different from the address provided in Part 1.

9.a. Street Number and Name 701 Exposition Blvd, HOH 331

9.b.  Apt.  Ste.  Flr.

9.c. City or Town Los Angeles

9.d. State CA 9.e. ZIP Code 90089

**Part 7. Information About the Spouse and All Children of the Person for Whom You Are Filing**

For Part 7., provide information on the spouse and all children related to the individual for whom you are filing this petition. Also, note if the individual will apply for a visa abroad or adjustment of status as the dependent of the individual for whom the petition is filed. If you need extra space to provide information about additional family members, use the space provided in Part 11. Additional Information.

**Person 1**

1.a. Family Name (Last Name) Lu

1.b. Given Name (First Name) Yanxin

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy) 10/17/1989

3. Country of Birth China

4. Relationship Spouse

5. Is he or she applying for adjustment of status?  Yes  No

6. Is he or she applying for a visa abroad?  Yes  No

**Person 2**

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. Date of Birth (mm/dd/yyyy)

9. Country of Birth

10. Relationship

11. Is he or she applying for adjustment of status?  Yes  No

12. Is he or she applying for a visa abroad?  Yes  No



**Part 7. Information About Spouse and All Children of the Person for Whom You Are Filing (continued)**

**Person 3**

- 13.a. Family Name (Last Name)
- 13.b. Given Name (First Name)
- 13.c. Middle Name
14. Date of Birth (mm/dd/yyyy)
15. Country of Birth
16. Relationship
17. Is he or she applying for adjustment of status?  
 Yes  No
18. Is he or she applying for a visa abroad?  
 Yes  No

**Person 4**

- 19.a. Family Name (Last Name)
- 19.b. Given Name (First Name)
- 19.c. Middle Name
20. Date of Birth (mm/dd/yyyy)
21. Country of Birth
22. Relationship
23. Is he or she applying for adjustment of status?  
 Yes  No
24. Is he or she applying for a visa abroad?  
 Yes  No

**Person 5**

- 25.a. Family Name (Last Name)
- 25.b. Given Name (First Name)
- 25.c. Middle Name
26. Date of Birth (mm/dd/yyyy)
27. Country of Birth
28. Relationship
29. Is he or she applying for adjustment of status?  
 Yes  No
30. Is he or she applying for a visa abroad?  
 Yes  No

**Person 6**

- 31.a. Family Name (Last Name)
- 31.b. Given Name (First Name)
- 31.c. Middle Name
32. Date of Birth (mm/dd/yyyy)
33. Country of Birth
34. Relationship
35. Is he or she applying for adjustment of status?  
 Yes  No
36. Is he or she applying for a visa abroad?  
 Yes  No



**Part 8. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory and Signature**

NOTE: Read the Penalties section of the Form I-140 Instructions before completing this part.

**Petitioner's or Authorized Signatory's Statement**

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

- 1.a.  I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- 1.b.  The interpreter named in Part 9. has read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent. I understood all of this information as interpreted.
- 2.  At my request, the preparer named in Part 10., , prepared this petition for me based only upon information I provided or authorized.

**Authorized Signatory's Contact Information**

- 3.a. Authorized Signatory's Family Name (Last Name)
- 3.b. Authorized Signatory's Given Name (First Name)
- 4. Authorized Signatory's Title
- 5. Authorized Signatory's Daytime Telephone Number
- 6. Authorized Signatory's Mobile Telephone Number (if any)
- 7. Authorized Signatory's Email Address (if any)

**Petitioner's or Authorized Signatory's Declaration and Certification**

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 USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. 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, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

**Petitioner's or Authorized Signatory's Signature**

- 8.a. Petitioner's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.

**Part 9. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

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



**Part 9. Interpreter's Contact Information, Certification, and Signature (continued)**

**Interpreter's Mailing Address**

- 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

**Interpreter's Contact Information**

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Mobile Telephone Number
- 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 8., Item Number 1.b., and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's or Authorized Signatory's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Authorized Individual**

Provide the following information about the preparer.

**Preparer's Full Name**

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

**Preparer's Mailing Address**

- 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

**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)



**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Authorized Individual**  
(continued)

***Preparer's Statement***

- 7.a.  I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- 7.b.  I am an attorney or accredited representative and my representation of the petitioner in this case  
 extends  does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed 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, with this petition.

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's or Authorized Signatory's Declaration and Certification**, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

***Preparer's Signature***

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)



**Part 11. 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.a Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. IRS EIN ▶

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

3.d.

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

5.d.

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

6.d.

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

4.d.

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.



**U.S. Department of Labor**

**Employment and Training Administration**  
Office of Foreign Labor Certification  
200 Constitution Avenue NW, Room N-5311  
Washington, DC 20210



February 09, 2022

UNIVERSITY OF SOUTHERN  
CALIFORNIA  
c/o Joseph I Elias  
3434 South Grand Ave., CAL 302  
Director, Faculty/Staff Visa Services  
Los Angeles, CA 90089

ETA Case Number: A-21179-08792  
Foreign Worker's Name: XUEWEI JIANG  
Occupation Title: Business Teachers,  
Postsecondary  
Occupation Code: 25-1011  
Priority Date: AUGUST 09, 2021

Dear UNIVERSITY OF SOUTHERN CALIFORNIA,

The United States Department of Labor has made a determination on your Application for Permanent Employment Certification (ETA Form 9089) pursuant to Departmental regulations at 20 CFR §656.24 and as required by the Immigration and Nationality Act, as amended.

**Form ETA 9089 has been certified and is enclosed.** This certification must be attached to the I-140 petition and filed with the appropriate office of the United States Citizenship and Immigration Services.

Sincerely,

PERM Certifying Officer

Enclosure(s): ETA Form 9089



Please read and review the filing instructions before completing this form. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/pdf/9089inst.pdf>

Employing or continuing to employ an alien unauthorized to work in the United States is illegal and may subject the employer to criminal prosecution, civil money penalties, or both.

**A. Refiling Instructions**

1. Are you seeking to utilize the filing date from a previously submitted Application for Alien Employment Certification (ETA 750)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1-A. If Yes, enter the previous filing date		
1-B. Indicate the previous SWA or local office case number OR if not available, specify state where case was originally filed:		

**B. Schedule A or Shepherd Information**

1. Is this application in support of a Schedule A or Shepherd Occupation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If Yes, do NOT send this application to the Department of Labor. All applications in support of Schedule A or Shepherd Occupations must be sent directly to the appropriate Department of Homeland Security office.		

**C. Employer Information (Headquarters or Main Office)**

1. Employer's name UNIVERSITY OF SOUTHERN CALIFORNIA			
2. Address 1 3434 SOUTH GRAND AVENUE, CAL 302			
Address 2 FACULTY/STAFF VISA SERVICES			
3. City LOS ANGELES	State/Province CA	Country UNITED STATES OF AMERICA	Postal code 90089
4. Phone number 213-740-5257		Extension	
5. Number of employees 26137		6. Year commenced business 1880	
7. FEIN( Federal Employer Identification Number) 951642394		8. NAICS Code 611310	
9. Is the employer a closely held corporation, partnership, or sole proprietorship in which the alien has an ownership interest, or is there a familial relationship between the owners, stockholders, partners, corporate officers, or incorporators, and the alien?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**D. Employer Contact Information (This section must be filled out. This information must be different from the agent or attorney information listed in Section E).**

1. Contact's last name Elias	First name Joseph	Middle initial I	
2. Address 1 3434 South Grand Ave., CAL 302			
Address 2 Director, Faculty/Staff Visa Services			
3. City Los Angeles	State/Province CA	Country UNITED STATES OF AMERICA	Postal code 90089
4. Phone number 213-740-5257		Extension	
5. E-mail address fsvsmail@usc.edu			



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

1. Agent or attorney's last name	First name	Middle initial	
2. Firm name			
3. Firm EIN	4. Phone number	Extension	
5. Address 1			
Address 2			
6. City	State/Province	Country	Postal code
7. E-mail address			

**F. Prevailing Wage Information (as provided by the State Workforce Agency)**

1. Prevailing wage tracking number (if applicable) P10021036058878	2. SOC/O*NET(OES) code 25-1011
3. Occupation Title Business Teachers, Postsecondary	4. Skill Level Level I
5. Prevailing wage \$ 78,700.00	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
6. Prevailing wage source (Choose only one) <input checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> Employer Conducted Survey <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other	
6-A. If Other is indicated in question 6, specify:	
7. Determination date 06/24/2021	8. Expiration date 09/22/2021

**G. Wage Offer Information**

1. Offered wage From: \$ 228,000.00 To: (Optional) \$	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
--	--

**H. Job Opportunity Information (Where work will be performed)**

1. Primary worksite (where work is to be performed) address 1 USC Marshall School of Business		
Address 2 701 Exposition Blvd, HOH 331		
2. City Los Angeles	State CA	Postal code 90089
3. Job title Assistant Professor		
4. Education: minimum level required: <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input checked="" type="checkbox"/> Doctorate <input type="checkbox"/> Other		
4-A. If Other is indicated in question 4, specify the education required:		
4-B. Major field of study Finance or related field		
5. Is training required for the job opportunity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5-A. If Yes, number of months of training required:



**H. Job Opportunity Information Continued**

5-B. Indicate the field of training:	
6. Is experience in the job offered required for the job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6-A. If Yes, number of months experience required:	
7. Is there an alternate field of study that is acceptable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7-A. If Yes, specify the major field of study:	
8. Is there an alternate combination of education and experience that is acceptable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8-A. If Yes, specify the alternate level of education required: <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other	
8-B. If Other is indicated in question 8-A, indicate the alternate level of education required:	
8-C. If applicable, indicate the number of years experience acceptable in question 8:	
9. Is a foreign educational equivalent acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Is experience in an alternate occupation acceptable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10-A. If Yes, number of months experience in alternate occupation required:	
10-B. Identify the job title of the acceptable alternate occupation:	
11. Job duties – If submitting by mail, add attachment if necessary. Job duties description must begin in this space. <b>See Attachment</b>	
12. Are the job opportunity's requirements normal for the occupation? <i>If the answer to this question is No, the employer must be prepared to provide documentation demonstrating that the job requirements are supported by business necessity.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. Is knowledge of a foreign language required to perform the job duties? <i>If the answer to this question is Yes, the employer must be prepared to provide documentation demonstrating that the language requirements are supported by business necessity.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14. Specific skills or other requirements – If submitting by mail, add attachment if necessary. Skills description must begin in this space. <b>None</b>	



**H. Job Opportunity Information Continued**

15. Does this application involve a job opportunity that includes a combination of occupations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Is the position identified in this application being offered to the alien identified in Section J?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. Does the job require the alien to live on the employer's premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18. Is the application for a live-in household domestic service worker?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18-A. If Yes, have the employer and the alien executed the required employment contract and has the employer provided a copy of the contract to the alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**I. Recruitment Information**

**a. Occupation Type – All must complete this section.**

1. Is this application for a <b>professional occupation</b> , other than a college or university teacher? Professional occupations are those for which a bachelor's degree (or equivalent) is normally required.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Is this application for a college or university teacher? If Yes, complete questions 2-A and 2-B below.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2-A. Did you select the candidate using a competitive recruitment and selection process?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2-B. Did you use the basic recruitment process for professional occupations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**b. Special Recruitment and Documentation Procedures for College and University Teachers – Complete only if the answer to question I.a.2-A is Yes.**

3. Date alien selected: 02/19/2020
4. Name and date of national professional journal in which advertisement was placed: The Chronicle of Higher Education, 09/27/2019
5. Specify additional recruitment information in this space. Add an attachment if necessary. None

**c. Professional/Non-Professional Information – Complete this section unless your answer to question B.1 or I.a.2-A is YES.**

6. Start date for the SWA job order	7. End date for the SWA job order
8. Is there a Sunday edition of the newspaper in the area of intended employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name of newspaper (of general circulation) in which the first advertisement was placed:	
10. Date of first advertisement identified in question 9:	
11. Name of newspaper or professional journal (if applicable) in which second advertisement was placed: <input type="checkbox"/> Newspaper <input type="checkbox"/> Journal	



**I. Recruitment Information Continued**

12. Date of second newspaper advertisement or date of publication of journal identified in question 11:

**d. Professional Recruitment Information – Complete if the answer to question I.a.1 is YES or if the answer to I.a.2-B is YES. Complete at least 3 of the items.**

13. Dates advertised at job fair From: To:	14. Dates of on-campus recruiting From: To:
15. Dates posted on employer web site From: To:	16. Dates advertised with trade or professional organization From: To:
17. Dates listed with job search web site From: To:	18. Dates listed with private employment firm From: To:
19. Dates advertised with employee referral program From: To:	20. Dates advertised with campus placement office From: To:
21. Dates advertised with local or ethnic newspaper From: To:	22. Dates advertised with radio or TV ads From: To:

**e. General Information – All must complete this section.**

23. Has the employer received payment of any kind for the submission of this application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23-A. If Yes, describe details of the payment including the amount, date and purpose of the payment :	
24. Has the bargaining representative for workers in the occupation in which the alien will be employed been provided with notice of this filing at least 30 days but not more than 180 days before the date the application is filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
25. If there is no bargaining representative, has a notice of this filing been posted for 10 business days in a conspicuous location at the place of employment, ending at least 30 days before but not more than 180 days before the date the application is filed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
26. Has the employer had a layoff in the area of intended employment in the occupation involved in this application or in a related occupation within the six months immediately preceding the filing of this application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26-A. If Yes, were the laid off U.S. workers notified and considered for the job opportunity for which certification is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**J. Alien Information (This section must be filled out. This information must be different from the agent or attorney information listed in Section E).**

1. Alien's last name <b>JIANG</b>	First name <b>XUEWEI</b>	Full middle name
2. Current address 1 <b>11950 IDAHO AVE</b>		
Address 2 <b>APT 113</b>		
3. City <b>LOS ANGELES</b>	State/Province <b>CA</b>	Country <b>UNITED STATES OF AMERICA</b>
4. Phone number of current residence		Postal code <b>90025</b>
5. Country of citizenship <b>CHINA</b>		6. Country of birth <b>CHINA</b>
7. Alien's date of birth <b>03/13/1993</b>		8. Class of admission <b>H-1B</b>
9. Alien registration number (A#)		10. Alien admission number (I-94) <b>490459797A2</b>
11. Education: highest level achieved as required by the requested job opportunity: <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input checked="" type="checkbox"/> Doctorate <input type="checkbox"/> Other		



**J. Alien Information Continued**

11-A. If Other indicated in question 11, specify			
12. Specify major field(s) of study <b>FINANCE</b>			
13. Year relevant education completed <b>2020</b>			
14. Institution where relevant education specified in question 11 was received <b>THE UNIVERSITY OF TEXAS AT AUSTIN</b>			
15. Address 1 of conferring institution			
Address 2			
16. City <b>AUSTIN</b>	State/Province <b>TX</b>	Country <b>UNITED STATES OF AMERICA</b>	Postal code <b>78712</b>
17. Did the alien complete the training required for the requested job opportunity, as indicated in question H.5?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
18. Does the alien have the experience as required for the requested job opportunity indicated in question H.6?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
19. Does the alien possess the alternate combination of education and experience as indicated in question H.8?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
20. Does the alien have the experience in an alternate occupation specified in question H.10?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
21. Did the alien gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity requested?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
22. Did the employer pay for any of the alien's education or training necessary to satisfy any of the employer's job requirements for this position?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23. Is the alien currently employed by the petitioning employer?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**K. Alien Work Experience**

List all jobs the alien has held during the past 3 years. Also list any other experience that qualifies the alien for the job opportunity for which the employer is seeking certification.

**a. Job 1**

1. Employer name <b>University of Southern California</b>			
2. Address 1 <b>USC Marshall School of Business</b>			
Address 2 <b>701 Exposition Blvd, HOH 331</b>			
3. City <b>Los Angeles</b>	State/Province <b>CA</b>	Country <b>UNITED STATES OF AMERICA</b>	Postal code <b>90089</b>
4. Type of business <b>Research university</b>		5. Job title <b>Assistant Professor</b>	
6. Start date <b>06/16/2020</b>	7. End date	8. Number of hours worked per week <b>40</b>	

Job 1 continued on next page



**K. Alien Work Experience Continued**

9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)

See Attachment

**b. Job 2**

1. Employer name			
2. Address 1			
Address 2			
3. City	State/Province	Country	Postal code
4. Type of business		5. Job title	
6. Start date	7. End date	8. Number of hours worked per week	
9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)			

**c. Job 3**

1. Employer name			
2. Address 1			
Address 2			
3. City	State/Province	Country	Postal code
4. Type of business		5. Job title	
6. Start date	7. End date	8. Number of hours worked per week	

Job 3 continued on next page



**K. Alien Work Experience Continued**

9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)

**L. Alien Declaration**

*I declare under penalty of perjury that Sections J and K are true and correct. I understand that to knowingly furnish 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 a fine or imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.*

*In addition, I further declare under penalty of perjury that I intend to accept the position offered in Section H of this application if a labor certification is approved and I am granted a visa or an adjustment of status based on this application.*

1. Alien's last name <b>JIANG</b>	First name <b>XUEWEI</b>	Full middle name
2. Signature <i>Xuewei Jiang</i>	Date signed <i>05/09/2022</i>	

**Note** – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. 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.

**M. Declaration of Preparer**

1. Was the application completed by the employer? If No, you must complete this section.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

*I hereby certify that I have prepared this application at the direct request of the employer listed in Section C and that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish 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 a fine, imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.*

2. Preparer's last name	First name	Middle initial
3. Title		
4. E-mail address		
5. Signature	Date signed	

**Note** – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. 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.



**N. Employer Declaration**

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment:

1. The offered wage equals or exceeds the prevailing wage and I will pay at least the prevailing wage.
2. The wage is not based on commissions, bonuses or other incentives, unless I guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
3. I have enough funds available to pay the wage or salary offered the alien.
4. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.
5. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.
6. The job opportunity is not:
  - a. Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage; or
  - b. At issue in a labor dispute involving a work stoppage.
7. The job opportunity's terms, conditions, and occupational environment are not contrary to Federal, state or local law.
8. The job opportunity has been and is clearly open to any U.S. worker.
9. The U.S. workers who applied for the job opportunity were rejected for lawful job-related reasons.
10. The job opportunity is for full-time, permanent employment for an employer other than the alien.

I hereby designate the agent or attorney identified in section E (if any) to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

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 herein is true and accurate. I understand that to knowingly furnish 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 a fine or imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.

1. Last name <b>Elias</b>	First name <b>Joseph</b>	Middle initial <b>I</b>
2. Title <b>Director, Faculty/Staff Visa Services</b>		
3. Signature <i>Joseph J. Elias</i>		Date signed <b>5/13/2022</b>

**Note** – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. 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.

**O. U.S. Government Agency Use Only**

Pursuant to the provisions of Section 212 (a)(5)(A) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed.

This Certification is valid from 02/09/2022 to 08/08/2022

*Certifying Officer*

Signature of Certifying Officer

Date

02/09/2022

Signed

A-21179-08792

Case Number

08/09/2021

Filing Date



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**P. OMB Information**

*Paperwork Reduction Act Information Control Number 1205-0451*

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Respondent's reply to these reporting requirements is required to obtain the benefits of permanent employment certification (Immigration and Nationality Act, Section 212(a)(5)). Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Division of Foreign Labor Certification \* U.S. Department of Labor \* 200 Constitution Ave. Box 12-200, NW \* Washington, DC \* 20210.

**Do NOT send the completed application to this address.**

---

**Q. Privacy Statement Information**

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that the information provided herein is protected under the Privacy Act. The Department of Labor (Department or DOL) maintains a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7) that includes this record.

Under routine uses for this system of records, case files developed in processing labor certification applications, labor condition applications, or labor attestations may be released as follows: in connection with appeals of denials before the DOL Office of Administrative Law Judges and Federal courts, records may be released to the employers that filed such applications, their representatives, to named alien beneficiaries or their representatives, and to the DOL Office of Administrative Law Judges and Federal courts; and in connection with administering and enforcing immigration laws and regulations, records may be released to such agencies as the DOL Office of Inspector General, Employment Standards Administration, the Department of Homeland Security, and the Department of State.

Further relevant disclosures may be made in accordance with the Privacy Act and under the following circumstances: in connection with federal litigation; for law enforcement purposes; to authorized parent locator persons under Pub. L. 93-647; to an information source or public authority in connection with personnel, security clearance, procurement, or benefit-related matters; to a contractor or their employees, grantees or their employees, consultants, or volunteers who have been engaged to assist the agency in the performance of Federal activities; for Federal debt collection purposes; to the Office of Management and Budget in connection with its legislative review, coordination, and clearance activities; to a Member of Congress or their staff in response to an inquiry of the Congressional office made at the written request of the subject of the record; in connection with records management; and to the news media and the public when a matter under investigation becomes public knowledge, the Solicitor of Labor determines the disclosure is necessary to preserve confidence in the integrity of the Department, or the Solicitor of Labor determines that a legitimate public interest exists in the disclosure of information, unless the Solicitor of Labor determines that disclosure would constitute an unwarranted invasion of personal privacy.

## Addendum

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### H. 11. Job duties

---

Teaches business courses in the fields of finance and business economics. Conducts cutting-edge research in the fields of financial intermediation, household finance, and financial regulation. Publishes research results in academic journals and seeks grants for continuing research. Attends and participates in academic conferences in the field. Advises and mentors students at undergraduate and graduate level. Attends faculty and administrative meetings and performs duties in the department as assigned.

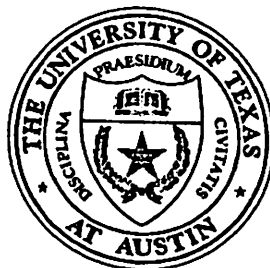
## Addendum

---

### K. 9. Job 1 - Job Details

---

Teaches business courses in the fields of finance and business economics. Conducts cutting-edge research in the fields of financial intermediation, household finance, and financial regulation. Publishes research results in academic journals and seeks grants for continuing research. Attends and participates in academic conferences in the field. Advises and mentors students at undergraduate and graduate level. Attends faculty and administrative meetings and performs duties in the department as assigned.  
Supervisor: Dr. Kevin Murphy, Professor and Department Chair, 213-740-6553



# THE UNIVERSITY OF TEXAS AT AUSTIN

*has conferred on*

Xuewei Jiang

*the degree of*

Doctor of Philosophy

*and all the rights and privileges thereto appertaining.*

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

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

AWARDED ON THIS TWENTY-THIRD DAY OF MAY, 2020

Handwritten signature of the Chairman of the Board of Regents.

CHAIRMAN, BOARD OF REGENTS

Handwritten signature of the President.

PRESIDENT

Handwritten signature of the Chancellor.

CHANCELLOR

Handwritten signature of the Dean.

DEAN

# THE UNIVERSITY OF TEXAS AT AUSTIN

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

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

## FACSIMILE TRANSCRIPT

NAME: JIANG, XUEWEI

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

DATE: 07/15/20  
PAGE: 1

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

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

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

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

### COURSEWORK UNDERTAKEN AT THE UNIVERSITY OF TEXAS AT AUSTIN

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

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

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

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

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

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

MORE WORK ON NEXT PAGE

# 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

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NAME: JIANG, XUEWEI

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

DATE: 07/15/20  
PAGE: 2

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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

# THE UNIVERSITY OF TEXAS AT AUSTIN

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

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

### TSI STATUS INFORMATION

TSI AREA	TSI STATUS	EXPLANATION
ALL	EXEMPT	DEGREE HOLDER

TEC 51.907 UNDERGRADUATE COURSE DROP COUNTER: X

FACSIMILE TRANSCRIPT

THE UNIVERSITY OF TEXAS AT AUSTIN  
Office of the Registrar

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

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

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

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

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

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

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

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

GRADE		GRADE PTS PER SEM HR
1979-1980 through 2004-2005		
A	EXCELLENT	4
B	ABOVE AVERAGE	3
C	AVERAGE	2
D	PASS	1
F	FAILURE	0
I	PERMANENT INCOMPLETE (effective fall 1997)	na <sup>1</sup>
X	TEMPORARY DELAY OF FINAL COURSE GRADE	na <sup>1</sup>
CR	CREDIT	na <sup>1</sup>
NC	NO CREDIT	na <sup>1</sup>
*	COURSE IS CONTINUING	na <sup>1</sup>
Q	OFFICIALLY DROPPED THE COURSE	na <sup>1</sup>
W	OFFICIALLY WITHDREW FROM THE UNIVERSITY	na <sup>1</sup>
#	COURSE GRADE NOT REPORTED BY FACULTY	na <sup>1</sup>
S	SATISFACTORY (DEV courses only)	na <sup>1</sup>
U	UNSATISFACTORY (DEV courses only)	na <sup>1</sup>
2005-2008 to the present		
A	EXCELLENT <sup>3</sup>	4.00
A-		3.67
B+		3.33
B	ABOVE AVERAGE <sup>3</sup>	3.00
B-		2.67
C+		2.33
C	AVERAGE <sup>3</sup>	2.00
C-		1.67
D+		1.33
D		1.00
D-	PASS <sup>3</sup>	0.67
F	FAILURE <sup>3</sup>	0.00
I	PERMANENT INCOMPLETE	na <sup>1</sup>
X	TEMPORARY DELAY OF FINAL COURSE GRADE	na <sup>1</sup>
CR	CREDIT	na <sup>1</sup>
NC	NO CREDIT	na <sup>1</sup>
*	COURSE IS CONTINUING	na <sup>1</sup>

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

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

A course dropped by the twelfth class day of a long-session semester (fourth class day of a summer session term) is not entered on the permanent academic record.

Prior to fall 1981, NC grades did not appear on the transcript.

SCHOOL OF LAW

Prior to 1990-1991

1990-1991 - Present

The School of Law employed a numeric grading system with the following alpha equivalents:

85 - 100 = A
75 - 84 = B
65 - 74 = C
60 - 64 = D
BELOW 60 = F

Letter Grade	Grade Points Per Sem Hr. <sup>2</sup>
A+	4.3
A	4.0
A-	3.7
B+	3.3
B	3.0
B-	2.7
C+	2.3
C	2.0
D	1.7
F	1.3

1. na = not applicable to gpa calculation

2. Official grade point averages are not calculated for students in the School of Law.

3. Grade interpretation is applicable to undergraduate students.

May 13, 2022

Department of Homeland Security  
Citizenship and Immigration Services

**RE: I-140 Employment Offer - Dr. Xuewei Jiang**

Dear Adjudications Officer,

We are writing to confirm that Dr. Xuewei Jiang will continue to be employed by the University of Southern California within the Marshall School of Business in the position of Assistant Professor.

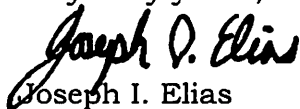
As such, her duties will include: Teaches business courses in the fields of finance and business economics. Conducts cutting-edge research in the fields of financial intermediation, household finance, and financial regulation. Publishes research results in academic journals and seeks grants for continuing research. Attends and participates in academic conferences in the field. Advises and mentors students at undergraduate and graduate level. Attends faculty and administrative meetings and performs duties in the department as assigned.

She will receive an annual salary of \$231,000 per year.

We would like to offer Dr. Jiang this position on an indefinite ("permanent") basis, without a foreseeable end to the appointment.

Please contact us if you require further information regarding Dr. Jiang's employment with USC's Marshall School of Business.

Very truly yours,



Joseph I. Elias  
Director, Faculty/Staff Visa Services



April 2, 2018

Mark Todd  
Vice Provost for Academic Operations and Strategy  
ADM 103 MC 4019

Dear Mark:

This letter supersedes all prior signature authorization letters to you and to any of your subordinates named in this letter, including my letter of August 21, 2017. Pursuant to Section 11.2 of the university bylaws and the university president's memorandum regarding delegation of signature authority, I hereby authorize you personally, in the execution of your responsibilities as Vice Provost for Academic Operations and Strategy, to sign the following classes of documents on behalf of the university, provided:

1. These agreements do not involve exclusivity or life-time benefits;
2. No transaction is in conflict with any action taken by the Board of Trustees;
3. No transaction is in conflict with university policy including purchasing and expenditure policies; and
4. Such documents that bind the university have been reviewed and approved by the Office of the General Counsel, as to legal form and effect, as evidenced by an approval slip signed by a University Counsel, an Associate General Counsel, the Deputy General Counsel, or the General Counsel of the university. A record of such approvals must be retained in your office.

**Types of Documents:**

- Affiliation agreements and other similar agreements for the Keck School of Medicine at USC, the USC School of Pharmacy, the Division of Physical Therapy, the Division of Occupational Therapy, and other academic units up to \$500,000.
- Business and employment-related agreements for academic units up to \$500,000.
- Any agreements relating to USC University Hospital, USC Norris Cancer Hospital, and the Keck School of Medicine at USC up to \$500,000.
- Any other agreements related to academic activities, up to \$500,000.

Mark Todd  
April 2, 2018  
Page 2

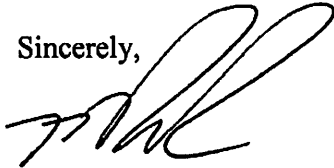
- G-28, I-129 with Supplements, I-907, I-140, and ETA 9089 Forms in support of all university nonimmigrant and immigrant petitions and labor certification applications based on an offer of employment from the university (including PERM and special handling cases).

**In addition, I hereby authorize your subordinates, Joseph I. Elias, Director, Faculty/Staff Visa Services, and Alex Young, Faculty/Staff Visa Specialist, personally to sign the following classes of documents on behalf of the university subject to the same limitations set forth on page 1 of this letter:**

- G-28, I-129 with Supplements, I-907, I-140, and ETA 9089 Forms in support of all university nonimmigrant and immigrant petitions and labor certification applications based on an offer of employment from the university (including PERM and special handling cases).

You are responsible for notifying me in writing of any changes in the persons named above or their titles, with a copy of such written notice to be forwarded to the Office of the General Counsel. Furthermore, all amendments and/or changes to this authorization must be authorized by me with copies forwarded to the Office of the President, the Office of the Senior Vice President, Administration, the Office of the Senior Vice President, Finance and Chief Financial Officer, and the Office of the General Counsel. Copies of all such agreements must also be retained in your office.

Sincerely,



Michael Quick  
Provost and Senior Vice President, Academic Affairs

cc: Dr. C. L. Max Nikias  
President  
Carol Mauch Amir, Esq.  
Senior Vice President and General Counsel  
Mr. Todd R. Dickey  
Senior Vice President, Administration  
Mr. James Staten  
Senior Vice President, Finance and Chief Financial Officer



Consolidated Financial Statements  
For the Years Ended  
June 30, 2021 and 2020



## Report of Independent Auditors

To Board of Trustees of the University of Southern California

We have audited the accompanying consolidated financial statements of the University of Southern California and its subsidiaries (collectively the "University"), which comprise the consolidated balance sheets as of June 30, 2021 and 2020, and the related consolidated statements of activities and of cash flows for the years then ended.

### ***Management's Responsibility for the Consolidated Financial Statements***

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the University's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the University's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the University of Southern California and its subsidiaries as of June 30, 2021 and 2020, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Emphasis of Matter***

As discussed in Note 1 to the consolidated financial statements, the University changed the manner in which it accounts for leases in 2021. Our opinion is not modified with respect to this matter.

A handwritten signature in cursive script that reads "PricewaterhouseCoopers LLP".

October 21, 2021

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PricewaterhouseCoopers LLP, 601 South Figueroa, Los Angeles, CA 90017  
T: (213) 356 6000, F: (813) 637 4444, www.pwc.com/us

## Consolidated Balance Sheets

*in thousands*

	June 30, 2021	June 30, 2020
<b>Assets</b>		
1 Cash and cash equivalents	\$1,075,383	\$1,816,338
2 Accounts receivable, net	576,233	482,155
3 Notes receivable, net	46,949	55,642
4 Pledges receivable, net	377,926	439,888
5 Investments	9,486,609	6,816,264
6 Inventories, prepaid expenses and other assets	421,282	355,247
7 Right-of-use assets - operating leases	230,117	-
8 Property, plant and equipment, net	4,498,491	4,529,893
<b>9 Total Assets</b>	<b>\$16,712,990</b>	<b>\$14,495,427</b>
<b>Liabilities</b>		
10 Accounts payable	\$256,613	\$245,925
11 Accrued liabilities	1,798,636	1,567,833
12 Refundable advances	39,135	22,786
13 Deposits and deferred revenue	227,519	301,165
14 Revolving line of credit	-	500,000
15 Actuarial liability for annuities payable	99,712	92,834
16 Federal student loan funds	45,410	53,067
17 Asset retirement obligations	145,883	139,227
18 Operating lease obligations	239,100	-
19 Finance lease obligations	82,609	77,545
20 Bonds and notes payable	2,441,248	2,042,413
21 Other liabilities	19,468	18,330
<b>22 Total Liabilities</b>	<b>5,395,333</b>	<b>5,061,125</b>
<b>Net Assets</b>		
23 Without donor restrictions	4,600,715	4,360,865
24 With donor restrictions	6,716,942	5,073,437
<b>25 Total Net Assets</b>	<b>11,317,657</b>	<b>9,434,302</b>
<b>26 Total Liabilities and Net Assets</b>	<b>\$16,712,990</b>	<b>\$14,495,427</b>

*The accompanying notes are an integral part of these statements.*

# Consolidated Statements of Activities

in thousands

			Year Ended	Year Ended
	Without Donor	With Donor	June 30, 2021	June 30, 2020
	Restrictions	Restrictions	Total	Total
			Net Assets	Net Assets
<b>Operating</b>				
<b>Revenues:</b>				
1 Student tuition and fees	\$1,580,621		\$1,580,621	\$1,620,730
2 Health care services	2,262,870		2,262,870	2,032,338
3 Contracts and grants	675,011		675,011	699,346
4 Auxiliary enterprises	50,794		50,794	249,787
5 Sales and services	143,206		143,206	170,922
6 Contributions	278,554		278,554	284,573
7 Other	85,872		85,872	120,766
8 Allocation of endowment spending	275,902		275,902	262,065
9 Total Revenues	5,352,830		5,352,830	5,440,527
10 Net assets released from restrictions	159,435	(\$159,435)		
11 Total Revenues and Reclassifications	5,512,265	(159,435)	5,352,830	5,440,527
<b>Expenses:</b>				
12 Salaries and benefits	3,240,562		3,240,562	3,312,828
13 Operating expenses	1,867,776		1,867,776	1,748,051
14 Depreciation	306,782		306,782	296,943
15 Interest on indebtedness	84,128		84,128	64,892
16 Total Expenses before Insurance recoveries and Settlement	5,499,248		5,499,248	5,422,714
<b>Increase (decrease) in Net Assets from Operating Activities</b>				
17 before Insurance recoveries and Settlement	13,017	(159,435)	(146,418)	17,813
18 Insurance recoveries (refer to Note 14)	10,000		10,000	108,500
<b>Increase (decrease) in Net Assets from Operating Activities</b>				
19 before Settlement	23,017	(159,435)	(136,418)	126,313
20 Settlement (refer to Note 14)	(450,000)		(450,000)	(100,000)
21 (Decrease) increase in Net Assets from Operating Activities	(426,983)	(159,435)	(586,418)	26,313
<b>Non-operating</b>				
22 Allocation of endowment spending to operations	(102,246)	(173,656)	(275,902)	(262,065)
23 Changes in funding status of defined benefit plan	18,471		18,471	(4,636)
24 Other components of net periodic benefit costs	(1,246)		(1,246)	(2,223)
25 Investment and endowment income	40,174	2,134	42,308	56,912
26 Net appreciation in fair value of investments	706,887	1,746,207	2,453,094	277,363
27 Contributions	4,793	240,598	245,391	162,343
28 Present value adjustment to annuities payable		(12,343)	(12,343)	8,490
29 Loss on bond refunding				(16,357)
30 Increase in Net Assets from Non-operating Activities	666,833	1,802,940	2,469,773	219,827
31 Total increase in Net Assets	239,850	1,643,505	1,883,355	246,140
32 Beginning Net Assets	4,360,865	5,073,437	9,434,302	9,188,162
33 Ending Net Assets	\$4,600,715	\$6,716,942	\$11,317,657	\$9,434,302

The accompanying notes are an integral part of these statements.

# Consolidated Statements of Activities

in thousands

			Year Ended June 30, 2020
	Without Donor Restrictions	With Donor Restrictions	Total Net Assets
<b>Operating</b>			
<b>Revenues:</b>			
1 Student tuition and fees	\$1,620,730		\$1,620,730
2 Health care services	2,032,338		2,032,338
3 Contracts and grants	699,346		699,346
4 Auxiliary enterprises	249,787		249,787
5 Sales and services	170,922		170,922
6 Contributions	284,573		284,573
7 Other	120,766		120,766
8 Allocation of endowment spending	262,065		262,065
9 Total Revenues	5,440,527		5,440,527
10 Net assets released from restrictions	95,207	(\$95,207)	
11 Total Revenues and Reclassifications	5,535,734	(95,207)	5,440,527
<b>Expenses:</b>			
12 Salaries and benefits	3,312,828		3,312,828
13 Operating expenses	1,748,051		1,748,051
14 Depreciation	296,943		296,943
15 Interest on indebtedness	64,892		64,892
16 Total Expenses before Insurance recoveries and Settlement	5,422,714		5,422,714
17 Increase (decrease) in Net Assets from Operating Activities before Insurance recoveries and Settlement	113,020	(95,207)	17,813
18 Insurance recoveries (refer to Note 14)	108,500		108,500
19 Increase (decrease) in Net Assets from Operating Activities before Settlement	221,520	(95,207)	126,313
20 Settlement (refer to note 14)	(100,000)		(100,000)
21 Increase (decrease) in Net Assets from Operating Activities	121,520	(95,207)	26,313
<b>Non-operating</b>			
22 Allocation of endowment spending to operations	(103,414)	(158,651)	(262,065)
23 Changes in funding status of defined benefit plan	(4,636)		(4,636)
24 Other components of net periodic benefit costs	(2,223)		(2,223)
25 Investment and endowment income	56,455	457	56,912
26 Net appreciation in fair value of investments	25,306	252,057	277,363
27 Contributions	5,211	157,132	162,343
28 Present value adjustment to annuities payable		8,490	8,490
29 Loss on bond refunding	(16,357)		(16,357)
30 (Decrease) increase in Net Assets from Non-operating Activities	(39,658)	259,485	219,827
31 Total Increase in Net Assets	81,862	164,278	246,140
32 Beginning Net Assets	4,279,003	4,909,159	9,188,162
33 Ending Net Assets	\$4,360,865	\$5,073,437	\$9,434,302

The accompanying notes are an integral part of these statements.

# Consolidated Statements of Cash Flows

*in thousands*

	Year Ended June 30, 2021	Year Ended June 30, 2020
<b>Cash Flows from Operating Activities</b>		
1 Change in Net Assets	\$1,883,355	\$246,140
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:		
2 Depreciation	306,782	296,943
3 Loss (gain) on the disposal/sale of plant assets	45,130	(230)
4 In-kind receipt of property, plant and equipment	(213)	(532)
5 Present value adjustment to annuities payable	12,294	(8,270)
6 Loss on bond refunding	-	16,357
7 Contributions received for property, plant and equipment and permanent investment	(204,132)	(100,544)
8 Net realized gain on sale of investments	(566,354)	(506,536)
9 Net unrealized (appreciation) depreciation in investments	(1,887,118)	229,265
10 Increase in accounts receivable	(94,078)	(10,444)
11 Decrease in pledges receivable	61,962	22,441
12 Increase in inventories, prepaid expenses and other assets	(98,211)	(42,186)
13 Increase (decrease) in accounts payable	16,243	(67,149)
14 Increase in accrued liabilities	276,816	326,629
15 Increase in refundable advances	16,349	1,309
16 (Decrease) increase in deposits and deferred revenue	(73,646)	44,099
17 Increase in other liabilities	10,122	11,638
18 Net Cash (used in) provided by Operating Activities	<u>(294,699)</u>	<u>458,930</u>
<b>Cash Flows from Investing Activities</b>		
19 Proceeds from note collections	11,623	12,378
20 Notes issued	(2,763)	(6,436)
21 Proceeds from sale and maturity of investments	3,864,419	6,576,709
22 Purchase of investments	(4,090,736)	(6,823,883)
23 Purchase of property, plant and equipment	(319,194)	(428,208)
24 Net Cash (used in) Investing Activities	<u>(536,651)</u>	<u>(669,440)</u>
<b>Cash Flows from Financing Activities</b>		
Contributions received for long term investment:		
25 Endowment	109,641	76,234
26 Plant	94,601	22,846
27 Trusts and other	(110)	1,464
28 Repayment of finance lease obligation	(664)	-
29 Repayment of long-term debt	-	(1,540)
30 Revolving line of credit	(500,000)	500,000
31 Proceeds from issuance of long-term debt	400,000	403,812
32 Decrease in federal student loan funds	(7,657)	(14,869)
33 Change in annuities payable	3,643	6,153
34 Payment on annuities payable	(10,788)	(11,380)
35 Increase to annuities payable resulting from new contributions	1,729	1,889
36 Net Cash provided by Financing Activities	<u>90,395</u>	<u>984,609</u>
37 Net (decrease) increase in Cash and Cash equivalents	(740,955)	774,099
38 Cash and Cash equivalents at beginning of year	1,816,338	1,042,239
39 Cash and Cash equivalents at end of year	<u>\$1,075,383</u>	<u>\$1,816,338</u>

*The accompanying notes are an integral part of these statements.*