



Security features are included. Details on back.

001633

PNC Bank NA
70-2189/719

Meltzer Hellrung LLC
79 W Monroe St Ste 1312
Chicago, IL 60603-4932

10/05/2017

PAY TO THE
ORDER OF

U.S. Department of Homeland Security

\$**1,225.00

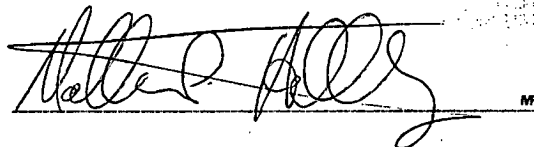
One thousand two hundred twenty-five and 00/100

DOLLARS

U.S. Department of Homeland Security

MEMO

FXCM - Iva Jurkovic - H-1B RFE PP Upgrade


MP

⑈001633⑈ ⑆071921891⑆ 4630261588⑈

THIS DOCUMENT CONTAINS A COLORED BACKGROUND ON WHITE PAPER. MICROPRINT IS LOCATED BELOW THIS WARNING BAND.

ORIGIN ID: CHIA (312) 320-6686
 MATTHEW MELTZER
 MELTZER HELLRUNG LLC
 79 W MONROE ST
 SUITE 1312
 CHICAGO, IL 60603
 UNITED STATES US

SHIP DATE: 05OCT17
 ACTWG: 2.00 LB
 CAD: 107034349/INET3920

BILL SENDER

TO ATTN: I-129, H-1B RFE PREMIUM
 USCIS - VERMONT SERVICE CENTER PP
 30 HOUGHTON ST.

ST ALBANS VT 05478

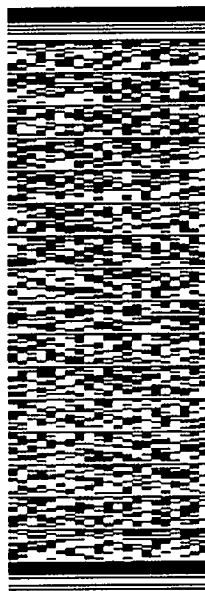
(312) 320-6686

REF: BRIDGE_FXCM_JURKOVICRFE_PP

INV.

DEPT:

PO:



J172117051201uw

FRI - 06 OCT 4:30P

STANDARD OVERNIGHT

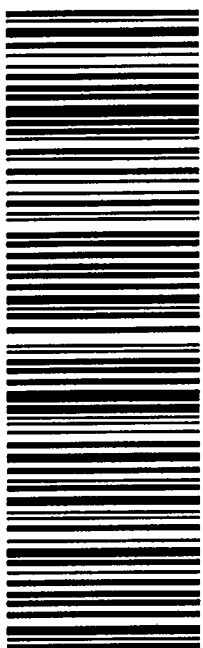
TRK# 7704 2918 0727

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XH INPA

VT-US

05478
 BTV



After printing this label:

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

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

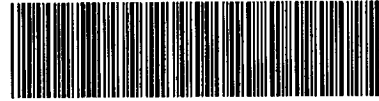
Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless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

July 24, 2017

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
75 Lower Welden St.
St. Albans, VT 05479



U.S. Citizenship
and Immigration
Services



EAC1714250442

FXCM GLOBAL SERVICES LLC
c/o MATTHEW PAUL HELLRUNG
MELTZER HELLRUNG LLC
79 W MONROE STREET STE 1312
CHICAGO, IL 60603

RE: IVA JURKOVIC
I-129, Petition for a Nonimmigrant Worker

***STUDENT* REQUEST FOR EVIDENCE**

IMPORTANT: THIS NOTICE CONTAINS YOUR UNIQUE NUMBER. THIS PAGE MUST BE SUBMITTED WITH THE REQUESTED EVIDENCE. MAIL THIS NOTICE AND YOUR RESPONSE TO THE ADDRESS ABOVE.

You are receiving this notice because U.S. Citizenship and Immigration Services (USCIS) requires additional evidence to process your form. Please provide the evidence listed on the attached page(s). Include duplicate copies if you are requesting consular notification. **Your response must be received in this office by October 19, 2017.**

Please note that you have been allotted the maximum period allowed for responding to a Request For Evidence (RFE). The time period for responding cannot be extended. 8 CFR 103.2(b)(8)(iv). Because many immigration benefits are time sensitive, you are encouraged to respond to this request as early as possible, but no later than the deadline provided above. If you do not respond to this notice within the allotted time, your case may be denied. The regulations do not provide for an extension of time to submit the requested evidence.

You must submit all requested evidence at the same time. If you submit only some of the requested evidence, USCIS will consider your response a request for a decision on the record. 8 CFR 103.2(b)(11).

If you submit a document in any language other than English, the document must be accompanied by a full and **complete** English translation. The translator must certify that the translation is accurate and he or she is competent to translate from that language to English. **If you submit a foreign language translation in response to this request for evidence, you must also include a copy of the foreign language document.**

Processing of your form or benefit request will resume upon receipt of your response. If you have not heard from USCIS within **60 days of responding**, you may contact the USCIS National Customer Service Center (NCSC) at **1-800-375-5283**. If you are hearing impaired, please call the NCSC TDD at **1-800-767-1833**.

A
Assigned to
KG 8/28



U.S. Citizenship and Immigration Services (USCIS) is in receipt of a petition for a Nonimmigrant Worker (Form I-129) that was filed on April 7, 2017. In order to process your petition, additional evidence is needed.

Documentation submitted with your petition indicates that your company or organization is an foreign currency exchange. You currently employ 500 individuals and you wish to employ the beneficiary as a financial analyst, accounting.

Maintenance of Status

Additional documentation is required to establish that the beneficiary was maintaining a valid F-1 nonimmigrant status at the time of filing.

Full Course of Study

To demonstrate that the beneficiary was maintaining a full course of study, you submitted a copy of the beneficiary's U.S. Bachelor of Science in Business Administration with concentration in Finance, transcripts, and copies of her I-120. However, this evidence does not demonstrate that the beneficiary was engaged in a full course of study as designated by Harrisburg University of Science & Technology Designated School Official (DSO). In addition, the beneficiary has been living and working her Curricular Practical Training (CPT) in the New Jersey, NY area and Harrisburg University of Science & Technology is located in Harrisburg, PA.

The types of evidence that you may submit include, but are not limited to:

- Copies of all pages of all SEVIS Certificates of Eligibility for Nonimmigrant Student Status (Forms I-20) issued to the beneficiary from Harrisburg University of Science & Technology if others were issued;
- Official copies of the beneficiary's transcripts issued by Harrisburg University of Science & Technology;
- Receipts for tuition payments made by the beneficiary to Harrisburg University of Science & Technology;
- Receipts for books, parking passes, and school supplies, for the period of time that the beneficiary was a student at Harrisburg University of Science & Technology;
- The beneficiary's student ID for Harrisburg University of Science & Technology;
- The beneficiary's course syllabi or outlines for his or her program at Harrisburg University of Science & Technology;
- Documentary evidence to show that the beneficiary was physically attending the courses in which he or she was enrolled, including transportation receipts, confirmed transportation reservations, attendance records, etc.;
- Evidence of the beneficiary's U.S. residence (utility bills, rental contracts or receipts, etc.);
- Evidence showing the number of online or distance education class credits the beneficiary was/is enrolled in for each session, term, semester, trimester, or quarter of study, for the duration of the time he or she was a student at Harrisburg University of Science & Technology; Evidence to show the beneficiary is or was making progress toward completion of a program of study.

Any other documentary evidence to establish the beneficiary has been engaged in a full course of study and working towards program completion.



Curricular Practical Training

Since the evidence of record indicates that the beneficiary is or was participating in CPT, provide the following:

The name of the course and course code in which the beneficiary is or was enrolled that requires CPT;
Documentary evidence that immediate participation in CPT was required for the beneficiary's studies;

- Documentary evidence establishing both the beneficiary's current major and that CPT is an integral (essential) part of the beneficiary's degree program at Harrisburg University & Technology;;
- A letter from the beneficiary's CPT employer(s), explaining the beneficiary's job duties, pay, and period of employment relevant to the CPT;
- Evidence of the cooperative agreement(s) between the beneficiary's CPT employer and Harrisburg University of Science & Technology;
- A detailed statement explaining how the beneficiary obtained CPT employment at FXCM Global Services LLC.; whether individually, through the school, or through an outside company or consultancy;
- Evidence that the beneficiary's CPT is or was directly related to his or her major area of study.

Labor Condition Application

You must establish that your petition is supported by a Form ETA 9035(E) Labor Condition Application (LCA) which corresponds with the proffered position described in the petition.

On your LCA you have designated the proffered position as a Level I wage (the lowest of four assignable wage levels). The "Prevailing Wage Determination Policy Guidance" issued by the Department of Labor provides a description of the wage levels. A Level I wage is defined as:

Level I (entry) wage rates are assigned to job offers for beginning level employees who have only a basic understanding of the occupation. These employees perform routine tasks that require limited, if any, exercise of judgment. The tasks provide experience and familiarization with the employer's methods, practices, and programs. The employees may perform higher level work for training and developmental purposes. These employees work under close supervision and receive specific instructions on required tasks and results expected. Their work is closely monitored and reviewed for accuracy. Statements that the job offer is for a research fellow, a worker in training, or an internship are indicators that a Level I wage should be considered.

By designating the proffered position at a Level I wage, you indicate that the proffered position is an entry-level position of a comparatively low level relative to other positions within the occupation.

Moreover, you indicate that the beneficiary will perform duties such as:

- Perform a range of financial analysis in support of internal operations and external activities involving investor and mergers & acquisitions;
- Design and prepare analytics reports for internal management and presentation to Board of Directors, investors and others;
- Due diligence on potential M&A transactions;
- Conduct primary & secondary industry research;

- Build financial models forecasting business profitability;
- Design & build FRX based financial reports.
- A letter explaining how the Level I wage designation LCA that you have provided corresponds to the proffered specialty occupation position.
- Documentation to support that the Level I wage designation on the LCA corresponds to the proffered position.

These duties do not correspond to the Level I wage description as they do not appear to encompass "only a basic understanding of the occupation." The duties described appear to contain more than "routine tasks that require limited, if any, exercise of judgment."

Therefore, the position, as described in your petition, does not appear to be an entry-level position despite the wage classification you have selected on the LCA. As such, you have not sufficiently established that the petition is supported by a certified LCA that corresponds to the petition.

You may submit additional evidence to satisfy this requirement. Evidence may include, but is not limited to:

- A letter explaining how the Level I wage designation LCA that you have provided corresponds to the proffered specialty occupation position.
- Documentation to support that the Level I wage designation on the LCA corresponds to the





Request for Premium Processing Service

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

USCIS
Form I-907
OMB No. 1615-0048
Expires 01/31/2018

For USCIS Use Only	Request Physically Received by USCIS	Returned	Resubmitted	Receipt
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Date	Date	Date	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Date	Date	Date	
	Remarks			Action Block

To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text" value="6309081"/>	Attorney or Accredited Representative USCIS ELIS Account Number (if any) <input type="text" value="N/A"/>
---	---	--	---

► **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)

► A-

2. Family Name (Last Name)

Given Name (First Name)

Middle Name

3. Company or Organization Named in the Related Case: If filed on behalf of a company or organization

4. Mailing Address

In Care Of Name

Street Number and Name or PO Box Number

Apt. Ste. Flr. Number

☐☒☐

City or Town

State

IL

ZIP Code

Province

Postal Code

Country

5. Is your current mailing address the same as your physical address?

☒ Yes

☐ No

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

Part 1. Information About the Person Filing This Request *(continued)***6. Physical Address**

Street Number and Name

N/A

Apt. Ste. Flr. Number

☐☐☐

N/A

City or Town

N/A

State

N/A

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

7. 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, if Form G-28 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, if Form G-28 has not been submitted with the application.)

Part 2. Information About the Request**1. Form Number of Related Petition or Application**

I-129

2. Receipt Number of Related Petition or Application

EAC1714250442

3. Classification or Eligibility Requested

H-1B

4. Petitioner or Applicant in the Related Case

Family Name (Last Name)

FX CM Global Services LLC

Given Name (First Name)

Middle Name

N/A

5. Beneficiary in the Related Case

Family Name (Last Name)

Jurkovic

Given Name (First Name)

Iva

Middle Name

N/A

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

Family Name (Last Name)

Kaiser

Given Name (First Name)

Erin

Middle Name

N/A

Position Title

Human Resources Manager

7. Company or Organization IRS Tax Number (if any)

30-0876326

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

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

Street Number and Name

55 Water Street

Apt. Ste. Flr. Number

☐☐☒

N/A

City or Town

New York

State

NY

ZIP Code

10041

Province

N/A

Postal Code

N/A

Country

United States

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

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 or misrepresentation, or the issuance of:

1. An approval notice;
2. A request for evidence;
3. A notice of intent to deny; or
4. 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 have read and understand each and every question and instruction on this request, as well as my answer to each question.
- B. ☐ The interpreter named in **Part 4.** has read to me each and every question and instruction on this request, as well as my answer to each question, in N/A, a language in which I am fluent. I understand each and every question and instruction on this request as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.

2. Requestor's Statement Regarding the Preparer

- ☐ I have requested the services of and consented to N/A, ☐ who is ☐ is not an attorney or accredited representative, preparing this request for me.

Requestor's Certification

I certify, under penalty of perjury under the laws of the United States of America, that the information in my request and any document submitted with my request is complete, true and correct.

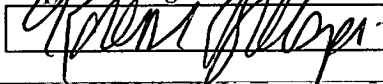
Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine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

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

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

Requestor's Signature

3. Requestor's Signature



Date of Signature

(mm/dd/yyyy)

10/5/17

Requestor's Contact Information

4. Requestor's Daytime Telephone Number

3122861839

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

N/A

6. Requestor's Email Address (if any)

kgillespie@meltzerhellrung.com

7. Requestor's Fax Number (if any)

217-666-7619

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)

N/A

Interpreter's Given Name (First Name)

N/A

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

N/A

Interpreter's Mailing Address

3. Street Number and Name

N/A

Apt. Ste. Flr. Number

☐

☐

☐

N/A

City or Town

N/A

State

N/A

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

5. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify that:

I am fluent in English and N/A, which is the same language provided in **Part 3., Item B. in Item Number 1.**;

I have read to this requestor each and every question and instruction on this request, as well as the answer to each question, in the language provided in **Part 3., Item B. in Item Number 1.**; and

The requestor has informed me that they understand each and every instruction and question on the request, as well as their answer to each question.

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

Interpreter's Signature

6. Interpreter's Signature

Date of Signature

(mm/dd/yyyy) ▶

Part 5. Name, 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)

N/A

Preparer's Given Name (First Name)

N/A

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

N/A

Preparer's Mailing Address

3. Street Number and Name

N/A

Apt. Ste. Flr. Number

☐

☐

☐

N/A

City or Town

N/A

State

N/A

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

Preparer's Contact information

4. Preparer's Telephone Number

N/A

5. Preparer's Fax Number

N/A

6. Preparer's Email Address (if any)

N/A

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.

7.B. ☐ I am an attorney or accredited representative and my representation of the requestor in this case (choose one) ☐ extends ☐ does not extend beyond the preparation of this request.

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

Preparer's Declaration

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this request on behalf of, at the request of, and with the express consent of, the requestor. I completed the request based only on responses the requestor provided to me. After completing the request, I reviewed it and all of the requestor's responses with the requestor, who agreed with each and every answer provided for each question on the request and, when required, supplied additional information to respond to a question on the request.

Preparer's Signature

8. **Preparer's Signature**

Date of Signature

(mm/dd/yyyy) ►



Notice of Entry of Appearance
as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or
Accredited Representative

1. USCIS ELIS Account Number (if any)

▶ N/A

Name and Address of Attorney or Accredited
Representative

2.a. Family Name (Last Name) Gillespie
2.b. Given Name (First Name) Karen
2.c. Middle Name Elizabeth
3.a. Street Number and Name 79 W. Monroe Street
3.b. Apt. ☐ Ste. ☒ Flr. ☐ 1312
3.c. City or Town Chicago
3.d. State IL 3.e. ZIP Code 60603
3.f. Province N/A
3.g. Postal Code N/A
3.h. Country United States
4. Daytime Telephone Number (312) 286-1839
5. Fax Number (217) 666-7619
6. E-Mail Address (if any) kgillespie@meltzerhellrung.com
7. Mobile Telephone Number (if any) N/A

Part 2. Notice of Appearance as Attorney or
Accredited Representative

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

1.a. ☒ USCIS

1.b. List the form numbers

I-129 I-907

2.a. ICE

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

N/A

3.a. CBP

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

N/A

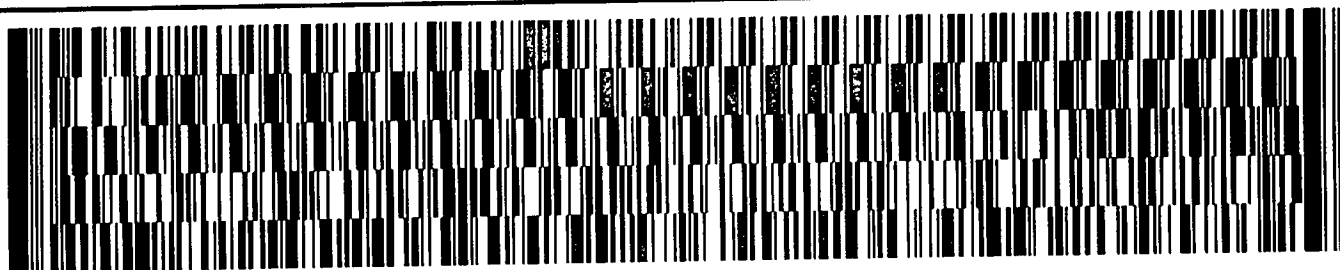
I enter my appearance as attorney or accredited representative at
the request of:

4. Select only one box:

☐ Applicant ☒ Petitioner ☐ Requestor
☐ Respondent (ICE, CBP)

Information About Applicant, Petitioner,
Requestor, or Respondent

5.a. Family Name (Last Name) Napolitano
5.b. Given Name (First Name) Amy
5.c. Middle Name N/A
6. Name of Company or Organization (if applicable) FXCM Global Services LLC



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

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

7. USCIS ELIS Account Number (if any)
▶ N / A
8. Alien Registration Number (A-Number) or Receipt Number
N/A
9. Daytime Telephone Number
(646) 432-2514
10. Mobile Telephone Number (if any)
N/A
11. E-Mail Address (if any)
anapolitano@fxcm.com

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

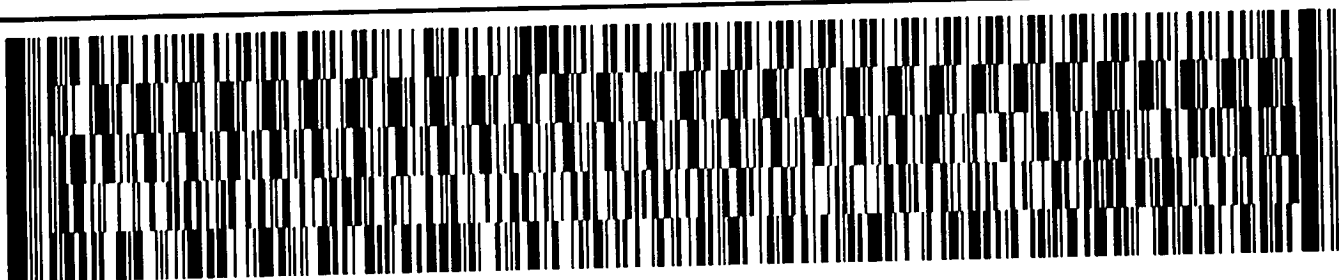
NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. If the applicant, petitioner, requestor, or respondent has used a safe mailing address on the application, petition, or request being filed with this Form G-28, provide it in these spaces.

- 12.a. Street Number and Name 55 Water Street
- 12.b. Apt. ☐ Ste. ☐ Flr. ☒ 50
- 12.c. City or Town New York
- 12.d. State NY 12.e. ZIP Code 10041
- 12.f. Province N/A
- 12.g. Postal Code N/A
- 12.h. Country
United States

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

- 1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use **Part 6**.)
Licensing Authority
Illinois
- 1.b. Bar Number (if applicable)
6309081
- 1.c. Name of Law Firm
Meltzer Hellrung LLC
- 1.d. I (choose one) ☒ am not ☐ am
subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use **Part 6**.)
N/A
- 2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.
- 2.b. Name of Recognized Organization
N/A
- 2.c. Date accreditation expires
(mm/dd/yyyy) ▶ N/A



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

3. I am associated with

N/A

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

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

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

- 4.b. Name of Law Student or Law Graduate

N/A

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

Consent to Representation and Release of Information

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

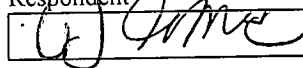
When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

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

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

- 2.a. ☒ I request DHS send any notice (including Form I-94) on an application, petition, or request to the business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.
- 2.b. ☒ I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the business address of my attorney of record or accredited representative as listed in this form. I consent to having my secure identity document sent to my attorney of record or accredited representative and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

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

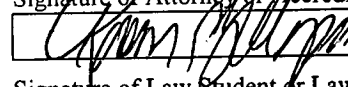


- 3.b. Date of Signature (mm/dd/yyyy) ► 10/04/2017

Part 5. Signature of Attorney or Accredited Representative

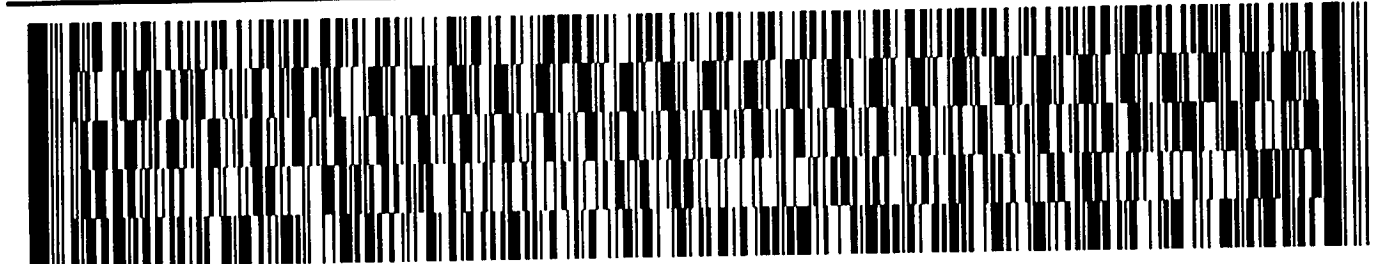
I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true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

1. Signature of Attorney or Accredited Representative



2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ► 10/5/17



Part 6. Additional Information

Use the space below to provide additional information pertaining to **Part 3., Item Numbers 1.a. - 1.d.**

N/A

This image shows a full page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There is no handwriting or other markings on the page.



10/04/2017

U.S. Citizenship and Immigration Services
Vermont Service Center
ATTN: I-129 Regular CAP
4 Lemnah Drive
St. Albans, VT 05479-0001

**Re: Response to Request for Evidence for I-129 H-1B Petition for Nonimmigrant Status:
specialty_occupation
Petitioner: FXCM Global Services LLC
Beneficiary: Iva Jurkovic
Occupation: Financial Analyst, Accounting**

**RESPONSE TO REQUEST FOR EVIDENCE + REQUEST TO
UPGRADE TO PREMIUM PROCESSING**

Dear Sir or Madam:

U.S. Citizenship and Immigration Services (CIS) issued a Request for Evidence (RFE) for the aforementioned case on 07/24/2017. The petitioning company submits the following letter and supporting documentation in response to the instant RFE.

Please also find form I-907, G-28, Notice of Appearance of Attorney and a check in the amount of \$1225.

USCIS REQUEST #1: Additional documentation is required to establish that the beneficiary was maintaining a valid F-1 nonimmigrant status at the time of filing.

RESPONSE: Please note The Master of Science degree programs offered by Harrisburg University uses an Executive Format weekend delivery model that does not require the student to live within commuting distance to the University. A student schedules their own transportation for specific weekend visits (see Student Course Schedule in **Exhibit A**) to Harrisburg, PA, regardless of their residential location within the U.S. The beneficiary has maintained legal/valid F-1 and OPT status. In support of this please find the following in **Exhibit A**.

Matthew B. Meltzer
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mmeltzer@meltzerhellrung.com

www.meltzerhellrung.com

Matthew P. Hellrung
312-340-9619
mhellrung@meltzerhellrung.com

MELTZER HELLRUNG LLC

- Copies of all Forms I-20 issued;
- A copy of the beneficiary's Official Transcripts;
- A copy of the beneficiary's student account statement reflecting receipts of tuition payment;
- A copy of the program outline;

USCIS REQUEST #2: Since the evidence of record indicates that the beneficiary is or was participating in CPT, provide evidence to support.

RESPONSE: Please find in **Exhibit A5** the CPT Program Overview at Harrisburg University. Please note all courses offered both on-campus and on-line, have a CPT applied project component. Evidence of the beneficiary's current program study, major is identified in the Transcript enclosed. Enclosed please find the Employment Offer letter for CPT, a Cooperative Agreement, and the CPT Verification Form used by the Designated School Official to authorize CPT. CPT employment is coordinated through the sponsoring employer and the university. The beneficiary's employment as described in the Offer Letter and CPT Verification Form relates to the program of study.

USCIS REQUEST #3: Labor Certification Application. These duties do not correspond to the Level I wage description as they do not appear to encompass "only a basic understanding of the occupation."

RESPONSE: FXCM Global Services LLC seeks to hire Ms. Jurkovic in the entry-level position of Financial Analyst, Accounting. The requirements for the position are a bachelors in Finance or another related field, and a minimum amount of experience is not required.

The Foreign Labor Certification Data Center states that Wage Level I rates are assigned to "job offers for beginning level employees who only have a basic understanding of the occupation. These employees perform routine tasks that require limited, if any, exercise of judgement. The tasks provide experience and familiarization with the employer's methods, practices and programs. The employees may perform higher level work for training and developmental purposes. These employees work under close supervision and receive specific instructions on required tasks and results expected. Their work is closely monitored and reviewed for accuracy."

According to these requirements, the designation of Wage Level I is appropriate for the Financial Analyst, Accounting position. Specific knowledge and abilities required of the candidate are expected to be learned during a Bachelor's degree level of education and not from prior experience. The implicit claim USCIS appears to make is that entry-level positions cannot qualify for an H-1B. This is incorrect and has no basis in the statute or regulations. The definition of "specialty occupation" at INA §214(i) and Department of Labor requirements at INA §§212(n) and (p) are clear that entry level positions are permitted.

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MELTZER HELLRUNG LLC

Further, INA §212(p) governs computation of prevailing wage levels for H-1B and other purposes and at subsection (4), requires DOL wage surveys to "provide at least 4 levels of wages commensurate with experience, education, and the level of supervision." USCIS cannot, through guidance memoranda, AAO decision (adopted or otherwise) or regulatory change, alter this statutory mandate, which, in fact, supports a position that is opposite of USCIS's claim that Wage Level 1 is not appropriate for a specialty occupation. In fact, the wage level of a position does not determine whether it is a specialty occupation. Wage levels are to be used only to establish that the wage is appropriate for the particular position, based on the experience required in the geographical location where the position will be located.

Additionally, as demonstrated from the company organizational chart enclosed, this position is junior to the Chief Accounting Officer, Chief Financial position within the company. The position of Financial Analyst, Accounting reports to these Chief Accounting Officer, Chief Financial who, in turn, report to the Chief Accounting Officer, Chief Financial Officer.

Ms. Jurkovic will also be participating in lower level duties and tasks as outlined below:

- Perform a range of financial analysis in support of internal operations and external activities involving investors and mergers & acquisitions.
 - Why this is considered entry level: The task is defined by management and the information is reviewed by the manager.
 - What someone in a more senior role will be responsible for: Present to senior management, develop assumptions, and assess alternatives.
- Design and prepare analytics reports for internal management and presentation to Board of Directors, investors and others.
 - Why this is considered entry level: The task is defined by management and the information is reviewed by the manager.
 - What someone in a more senior role will be responsible for: Present to senior management, board and investors.
- Due diligence on potential M&A transactions.
 - Why this is considered entry level: The task is defined by management and the information is reviewed by the manager.
 - What someone in a more senior role will be responsible for: Have discussions with the target, then develop the purchase price.
- Conduct primary & secondary industry research.
 - Why this is considered entry level: Research is the initial key step and necessary to stay abreast of the industry.
 - What someone in a more senior role will be responsible for: They would review the research.
- Build financial models forecasting business profitability.
 - Why this is considered entry level: The task is defined by management and the information is

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- reviewed by the manager
 - What someone in a more senior role will be responsible for: Present to senior management, develop assumptions, and assess alternatives.
- Design & build FRX based financial reports.
 - Why this is considered entry level: It is report writing from the initial ledger tool.
 - What someone in a more senior role will be responsible for: Identify the reports needed, and defining specifications.

Ms. Jurkovic will be performing these entry-level tasks upon her employment with FXCM Global Services LLC, and will be supervised by Margaret Deverell, Controller and Chief Accounting Officer, to monitor her accuracy. Please find a letter confirming the same from FXCM Global Services LLC enclosed along with the Companies Organizational chart in **Exhibit B**

FXCM Global Services LLC's position of Financial Analyst, Accounting also falls into the Wage I category as indicated by the "Occupational Employment Statistics' Prevailing Wage Guidance" worksheet. The worksheet calculates the wage level through the following five steps:

Employer's Job Title: Financial Analyst, Accounting

O*NET Title: Financial Analysts

O*NET Code: 13-2051

Indicator	Job Offer Requirements	O*NET-Usual requirements	Comments	Wage Level Result
Step 1: Requirements				1
Step 2: Experience	0 years of experience required	Job Zone: 4	The employer's experience requirement is at or below the level of experience and SVP range (enter '0')	0
Step 3: Education	Bachelor's degree	Job Zone: 4	The education required is equal or less than the usual education required for this position.	0

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			(enter '0')	
Step 4: Special Skills and Other Requirements? (Y/N)	No special skills or requirements.	No national or state licensing certification requirements.	Enter '0'	0
Step 5: Supervisory duties (Y/N)	No supervisory duties required.		Enter '0'	0
			Sum:	1

Because the position of Financial Analyst, Accounting requires a Bachelor's degree, and requires no special skills or supervisory duties, we have correctly classified this position as Wage Level I on the Labor Certification Application submitted in the original petition. Please see supporting documents for the excerpt of the OES Prevailing Wage Guidance we have referenced for this conclusion.

Petitioner again stresses that there is no basis in regulation or statute that a Wage Level 1 is inappropriate for the purposes of an H-1B specialty occupation. The position of Financial Analyst, Accounting requires at least a Bachelor's degree in a particular field or fields. It requires certain knowledge and experience that can only be gained through a bachelor's degree program or its equivalent work experience. The mere fact that the position is entry level does not preclude it from qualifying as a specialty occupation. Indeed, the Department of Labor's Job Zone definitions indicate that extensive experience and education is needed for entry into a Job Zone 4 or 5 occupation. This means that the complexity of entry-level positions within these Job Zones is such that DOL expects significant education, expertise, and experience before entering the occupation. As such, Wage Level 1 an appropriate designation for an entry-level position in a complex field and does not indicate the position is not sufficiently complex or specialized to qualify as a specialty occupation as defined by the H-1B regulations.

Standard of Proof

We trust that the foregoing sufficiently responds to your request for evidence. USCIS officers are reminded that the standard of proof for this immigration petition is the "preponderance of the evidence" standard. See *Matter of Chawathe*, 25 I&N Dec. 369 (AAO 2010). Thus, if the petitioner submits relevant, probative, and credible evidence that leads USCIS to believe that the claim is "more likely than not" or "probably true," the

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MELTZER HELLRUNG LLC

petitioner has satisfied the standard of proof. Matter of E-M-, 20 I&N Dec. 77, 79-80 (Comm'r 1989); see also US v. Cardozo-Fonseca, 480 US 421 (1987) (discussing "more likely than not" as a greater than 50% chance of an occurrence taking place). Further, as noted in the USCIS Adjudicator's Field Manual, Chapter 11.1(c) (Burden of Proof and Standard of Proof), the standard of proof in this matter is the "preponderance of the evidence" standard. Petitioner respectfully believes that this standard has been met with the foregoing evidence, and as such, we respectfully request approval of the instant petition. Please contact the undersigned if more information is needed to sufficiently respond to your request for evidence.

We trust that the above-noted additional evidence fulfills your RFE inquiry and, therefore, kindly request approval of the instant H-1B petition filed on behalf of the Beneficiary.

Sincerely,



Karen Elizabeth Gillespie
Senior Associate Attorney



June 22, 2016

10/04/2017

Vermont Service Center

ATTN: I-129 Regular CAP

4 Lemnah Drive

St. Albans, VT 05479-0001

Re: I-129 H-1B Petition for Nonimmigrant Status

Petitioner: FXCM Global Services LLC

Beneficiary: Iva Jurkovic

Occupation: Financial Analyst, Accounting

Dear Sir or Madam:

FXCM Global Services LLC seeks to employ Ms. Jurkovic in the entry-level position of Financial Analyst, Accounting for a temporary period of three (3) years at our office in our office in New York, New York . Ms. Jurkovic will be expected to work 40 hours per week.

As an Financial Analyst, Accounting, Ms. Jurkovic will be performing the following duties:

- Perform a range of financial analysis in support of internal operations and external activities involving investors and mergers & acquisitions.
 - Why this is considered entry level: The task is defined by management and the information is reviewed by the manager.
 - What someone in a more senior role will be responsible for: Present to senior management, develop assumptions, and assess alternatives.
- Design and prepare analytics reports for internal management and presentation to Board of Directors, investors and others.
 - Why this is considered entry level: The task is defined by management and the information is reviewed by the manager.
 - What someone in a more senior role will be responsible for: Present to senior management, board and investors.

FXCM Global Services, LLC

55 Water Street, 50th Floor, New York, NY 10041 USA · Toll Free: 888.503.6739 · Fax: 212.897.7669 · Website: www.fxcm.com



June 22, 2016

- Due diligence on potential M&A transactions.
 - Why this is considered entry level: The task is defined by management and the information is reviewed by the manager.
 - What someone in a more senior role will be responsible for: Have discussions with the target, then develop the purchase price.
- Conduct primary & secondary industry research.
 - Why this is considered entry level: Research is the initial key step and necessary to stay abreast of the industry.
 - What someone in a more senior role will be responsible for: They would review the research.
- Build financial models forecasting business profitability.
 - Why this is considered entry level: The task is defined by management and the information is reviewed by the manager
 - What someone in a more senior role will be responsible for: Present to senior management, develop assumptions, and assess alternatives.
- Design & build FRX based financial reports.
 - Why this is considered entry level: It is report writing from the initial ledger tool.
 - What someone in a more senior role will be responsible for: Identify the reports needed, and defining specifications.

Ms. Jurkovic will be performing these entry-level tasks upon her employment with FXCM Global Services LLC, and will be supervised by Margaret Deverell, Controller and Chief Accounting Officer, to monitor her accuracy. Margaret Deverell is responsible for Oversee preparation of books and records Determine appropriate accounting policies Prepare management reporting and external reporting (10-Q's and 10-K's), liaison with auditors Manage accounting staff for controllership functions Oversee regulatory and financial reporting for international entities Oversee financial planning and analysis Maintain system of internal controls over financial reporting.

FXCM Global Services LLC's minimum qualifications for the position of Financial Analyst, Accounting is a bachelors in Finance or another related field. The job duties for this position are very complex in nature and require good analytical skills combined with deep technical knowledge which are generally acquired through

FXCM Global Services, LLC

55 Water Street, 50th Floor, New York, NY 10041 USA • Toll Free: 888.503.6739 • Fax: 212.897.7669 • Website: www.fxcm.com



June 22, 2016

a formal Bachelor's degree.

This is the normal educational requirement for the Financial Analyst, Accounting role within our organization. We do not require any previous experience for this role, apart from the knowledge obtained through the minimum of a Bachelor's degree, and any ancillary knowledge will be taught throughout Ms. Jurkovic's training.

We respectfully request favorable adjudication of the enclosed H-1B petition for Ms. Jurkovic. Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Erin Kaiser', written over a horizontal line.

Erin Kaiser
Human Resources Manager

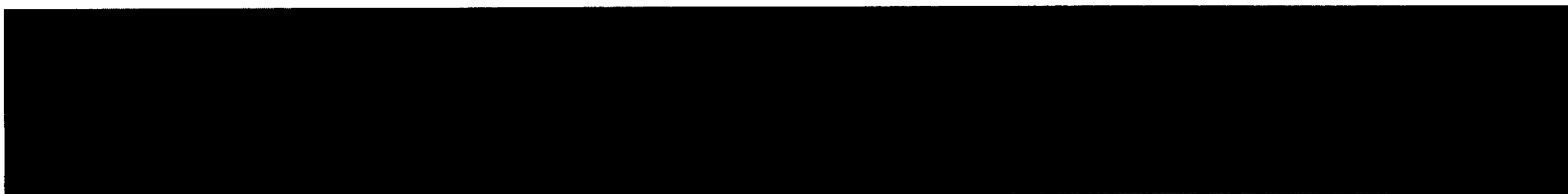
Exhibit List

- Exhibit A: Proof of maintenance of status for request for evidence
 - A1: All Form I-20's
 - A2: Official transcripts
 - A3: Student account statement reflecting receipts of tuition payment
 - A4: Curriculum Overview
 - A5: Harrisburg CPT Program Overview
 - A6: Previous CPT Cooperative Agreement, Employment offer letter and CPT Verification
 - A7: Current CPT Cooperative Agreement
- Exhibit B: Proof of entry level position
 - B1: Organizational chart showing to whom the beneficiary reports

Exhibit A: Proof of maintenance of status for request for evidence

- A1: All Form I-20's
- A2: Official transcripts
- A3: Student account statement reflecting receipts of tuition payment
- A4: Curriculum Overview
- A5: Harrisburg CPT Program Overview
- A6: Previous CPT Cooperative Agreement, Employment offer letter and CPT Verification
- A7: Current CPT Cooperative Agreement

Exhibit A1: All Form I-20's





7-12-2017

U.S. Department of Homeland Security – USCIS

U.S. Citizenship and Immigration Services

 CASC ☒ VTSC

Beneficiary: JANKOVIC, IVA
I-129, Petition for a Nonimmigrant Worker
EAC1714250442

This letter is in response to the Request for Evidence for the above-referenced student. Harrisburg University of Science and Technology's response to the items requested are:

Maintenance of Status and Full Course of Study

The Master of Science degree programs offered by Harrisburg University use an Executive Format weekend delivery model that does not require the student to live within commuting distance to the University. A student schedules their own transportation for specific weekend visits (see Student Course Schedule) to Harrisburg, PA, regardless of their residential location within the U.S.

Copies of all pages of all Forms I-20 issued to the student are enclosed.

A copy of the beneficiary's Official Transcript is enclosed. Course completions are reflected as final grades on the student's official transcript.

A copy of the beneficiary's student account statement reflecting receipts of tuition payment is enclosed.

A copy of the student's Identification Card will be attached by the beneficiary.

The Program Outline for the student's program is enclosed. Course syllabi will not be provided.

Receipts for books, parking passes, and school supplies will be attached to this response by the student. Transportation receipts and records also will be enclosed by the student.

The student physically attended the required courses as scheduled and is making satisfactory progress toward the degree as evidenced by satisfactory grades reflected on the transcript.

Evidence of the beneficiary's U.S. residence will be enclosed by the student.

The Student Schedule of courses are enclosed, which are evidence that the beneficiary has not taken more than one 3-credit on-line class per semester. Online courses are identified as an Asynchronous Online Course (AOC). Faculty office hours and consultations available to students are identified as Synchronous Virtual Contact (SVC – VIRTUAL), which are not online instructional periods but rather are an allocated specific time when the faculty member is available to students for questions and discussions.

Curricular Practical Training

Attached is the CPT Program Overview. CPT is an integral (essential) part of the programs of study at Harrisburg University. All courses offered, both on-campus on on-line, have a CPT applied project component.

Evidence of the beneficiary's current program of study, or major, is identified on the Official Transcript enclosed.

Attached is a copy of the Employment Offer Letter for CPT, a Cooperative Agreement, and the CPT Verification Form used by the Designated School Official to authorize CPT.

CPT employment is coordinated through the sponsoring employer and the university.

The student's employment as described in the Offer Letter and CPT Verification Form relates to the program of study.

If additional information relative to this matter is needed, you may contact me on 717.901.5123 or email to KGreen@HarrisburgU.edu

Sincerely,



Keith A. Green

Director of Compliance and SEVIS – PDSO

SEVIS ID: N0009505822

SURNAME/PRIMARY NAME Jurkovic	GIVEN NAME Iva	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Iva Jurkovic	PASSPORT NAME	
COUNTRY OF BIRTH CROATIA	COUNTRY OF CITIZENSHIP CROATIA	
DATE OF BIRTH 25 JULY 1985	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Iva Jurkovic	

SCHOOL INFORMATION

SCHOOL NAME Harrisburg University of Science & Technology Harrisburg University of Science & Tech	SCHOOL ADDRESS 326 Market Street, Harrisburg, PA 17101
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Keith Green Director of Institutional Compliance	SCHOOL CODE AND APPROVAL DATE PHI214F02099000 06 MAY 2008

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Computational and Applied Mathematics 27.0304	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 19 JUNE 2015	PROGRAM START/END DATE 19 JUNE 2015 - 13 OCTOBER 2017	


FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 15,900	Personal Funds	\$ 0
Living Expenses	\$ 10,000	Funds From This School	\$
Expenses of Dependents (0)	\$	family	\$ 25,900
Other	\$	On-Campus Employment	\$
TOTAL	\$ 25,900	TOTAL	\$ 25,900

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

SIGNATURE OF:  Keith Green, Director of Institutional Compliance	DATE ISSUED 30 May 2017	PLACE ISSUED Harrisburg, PA
--	-----------------------------------	---------------------------------------

STUDENT ATTESTATION

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

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

SEVIS ID: N0009505822 (F-1)

NAME: Iva Jurkovic

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
CPT	FULL TIME	APPROVED	19 JUNE 2016	10 JUNE 2017
CPT	FULL TIME	APPROVED	11 JUNE 2017	13 OCTOBER 2017

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES		
CPT	19 JUNE 2016 - 10 JUNE 2017		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
Forex Capital Markets, LLC	19 JUNE 2016	10 JUNE 2017	New York, NY

TYPE	AUTHORIZATION DATES		
CPT	11 JUNE 2017 - 13 OCTOBER 2017		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
Forex Capital Markets, LLC	11 JUNE 2017	13 OCTOBER 2017	New York, NY

CHANGE OF STATUS/CAP-GAP EXTENSION

REQUESTED VISA TYPE	REQUEST/PETITION STATUS	RECEIPT NUMBER	BENEFIT START DATE/REQUEST DATE
H1-B	PENDING	EAC1714250442	
COMMENT			

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
04 MARCH 2017	09 JUNE 2017

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
<i>Karen Green</i>	<i>POSO</i>	X <i>[Signature]</i>	<i>5/30/2017</i>	<i>NYC, PA</i>
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

INSTRUCTIONS TO SCHOOLS

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

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

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

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

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

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

SEVIS ID: N0009505822

SURNAME/PRIMARY NAME Jurkovic	GIVEN NAME Iva	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Iva Jurkovic	PASSPORT NAME	
COUNTRY OF BIRTH CROATIA	COUNTRY OF CITIZENSHIP CROATIA	
DATE OF BIRTH 25 JULY 1985	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Iva Jurkovic	

SCHOOL INFORMATION

SCHOOL NAME Harrisburg University of Science & Technology Harrisburg University of Science & Tech	SCHOOL ADDRESS 326 Market Street, Harrisburg, PA 17101
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Keith Green Director of Institutional Compliance	SCHOOL CODE AND APPROVAL DATE PHI214F02099000 06 MAY 2008

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Computational and Applied Mathematics 27.0304	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 19 JUNE 2015	PROGRAM START/END DATE 19 JUNE 2015 - 13 OCTOBER 2017	

FINANCIALS


ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 15,900	Personal Funds	\$ 0
Living Expenses	\$ 10,000	Funds From This School	\$
Expenses of Dependents (0)	\$	family	\$ 25,900
Other	\$	On-Campus Employment	\$
TOTAL	\$ 25,900	TOTAL	\$ 25,900

REMARKS

Additional Semester needed: KAG; PDSO

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility; which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214-2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

SIGNATURE  Keith Green, Director of Institutional Compliance	DATE ISSUED 04 February 2017	PLACE ISSUED Harrisburg, PA
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STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214-3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

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

SEVIS ID: N0009505822 (F-1)

NAME: Iva Jurkovic

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
CPT	FULL TIME	APPROVED	19 JUNE 2016	10 JUNE 2017

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES			
CPT	19 JUNE 2016 - 10 JUNE 2017			
EMPLOYER NAME	START DATE	END DATE	CITY & STATE	
Forex Capital Markets, LLC	19 JUNE 2016	10 JUNE 2017	New York, NY	

CHANGE OF STATUS/CAP-GAP EXTENSION

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AUTHORIZED REDUCED COURSE LOAD

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CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
29 OCTOBER 2016	25 FEBRUARY 2017

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
<i>[Signature]</i>	<i>PA So</i>	X <i>[Signature]</i>	<i>2/4/2017</i>	<i>6826, PA</i>
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214-3(k) and 8 CFR 214-4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

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

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

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

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

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

SEVIS ID: N0009505822

SURNAME/PRIMARY NAME Jurkovic	GIVEN NAME Iva	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Iva Jurkovic	PASSPORT NAME	
COUNTRY OF BIRTH CROATIA	COUNTRY OF CITIZENSHIP CROATIA	
DATE OF BIRTH 25 JULY 1985	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Iva Jurkovic	

SCHOOL INFORMATION

SCHOOL NAME Harrisburg University of Science & Technology Harrisburg University of Science & Tech	SCHOOL ADDRESS 326 Market Street, Harrisburg, PA 17101
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Keith Green Director of Institutional Compliance	SCHOOL CODE AND APPROVAL DATE PHI214F02099000 06 MAY 2008

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Computational and Applied Mathematics 27.0304	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 24 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 19 JUNE 2015	PROGRAM END DATE 10 JUNE 2017	

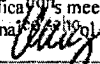
FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 15,900	Personal Funds	\$ 0
Living Expenses	\$ 10,000	Funds From This School	\$
Expenses of Dependents (0)	\$	family	\$ 25,900
Other	\$	On-Campus Employment	\$
TOTAL	\$ 25,900	TOTAL	\$ 25,900

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X  **SIGNATURE OF:** Keith Green, Director of Institutional Compliance

DATE ISSUED 07 June 2016 **PLACE ISSUED** Harrisburg, PA

STUDENT ATTESTATION

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

X **SIGNATURE OF:** Iva Jurkovic **DATE**

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

SEVIS ID: N0009505822 (F-1)

NAME: Iva Jurkovic

EMPLOYMENT AUTHORIZATIONS

AUTHORIZATION TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
CPT	FULL TIME	APPROVED	19 JUNE 2015	18 JUNE 2016
CPT	FULL TIME	APPROVED	19 JUNE 2016	10 JUNE 2017

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES			
CPT	19 JUNE 2015 - 18 JUNE 2016			
EMPLOYER NAME	START DATE	END DATE	CITY & STATE	
Forex Capital Markets	19 JUNE 2015	18 JUNE 2016	New York, NY	

TYPE	AUTHORIZATION DATES			
CPT	19 JUNE 2016 - 10 JUNE 2017			
EMPLOYER NAME	START DATE	END DATE	CITY & STATE	
Forex Capital Markets, LLC	19 JUNE 2016	10 JUNE 2017	New York, NY	

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED DROP BELOW FULL COURSE OF STUDY

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
<i>Ivana Jurkovic</i>	<i>POSO</i>	<i>X [Signature]</i>	<i>6/7/2016</i>	<i>ATL, GA</i>
		<i>X</i>		
		<i>X</i>		
		<i>X</i>		

INSTRUCTIONS TO STUDENTS

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

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

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

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

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

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

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

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

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Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

SEVIS

1. Family Name (surname): Jurkovic	
First (given) Name: Iva	Middle Name:
Country of birth: CROATIA	Date of birth(mo/day/year): 07/25/1985
Country of citizenship: CROATIA	Admission number:

2. School (School district) name: Harrisburg University of Science & Technology Harrisburg University of Science & Tech	
School Official to be notified of student's arrival in U.S.(Name and Title): Keith Green Director of Institutional Compliance	
School address (include zip code): 326 Market Street Harrisburg, PA 17101-2116	
School code (including 3-digit suffix, if any) and approval date: PHI214F02099000 approved on 05/06/2008	

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

4. Level of education the student is pursuing or will pursue in the United States:
MASTER'S


5. The student named above has been accepted for a full course of study at this school, majoring in Computational and Applied Mathematics. The student is expected to report to the school no later than 06/19/2015 and complete studies not later than 06/10/2017. The normal length of study is 24 months.

6. English proficiency:
This school requires English proficiency.
The student has the required English proficiency.

7. This school estimates the student's average costs for an academic term of 12 (up to 12) months to be:

a. Tuition and fees	\$ <u>15,900.00</u>
b. Living expenses	\$ <u>10,000.00</u>
c. Expenses of dependents (0)	\$ <u>0.00</u>
d. Other (specify):	\$ <u>0.00</u>
Total	\$ <u>25,900.00</u>

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

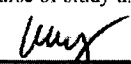
Student's Copy N0009505822


8. This school has information showing the following as the student's means of support, estimated for an academic term of 12 months (Use the same number of months given in item 7).

a. Student's personal funds	\$ <u>0.00</u>
b. Funds from this school	\$ <u>0.00</u>
Specify type:	
c. Funds from another source	\$ <u>25,900.00</u>
Specify type: <u>family</u>	
d. On-campus employment	\$ <u>0.00</u>
Total	\$ <u>25,900.00</u>

9. Remarks:

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Keith Green		Director of Institutional Compliance	06/17/2015	Harrisburg, PA
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student	Signature of Student	Date
-----------------	----------------------	------

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

Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The information solicited will be used by the Department of State and the Immigration and Naturalization Service to determine eligibility for the benefits requested.

INSTRUCTIONS TO DESIGNATED SCHOOL OFFICIALS

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

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

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

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

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

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

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

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

INSTRUCTIONS TO STUDENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SEVIS

FAMILYNAME: Jurkovic FIRST NAME: Iva
 Primary Major: 27.0304 Computational and Applied Mathematics

Student Employment Authorization:

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

Comments:

Student's Copy
 N0009505822



Event History

Event Name:
 Registration

Event Date:
 06/17/2015

Current Authorizations:

Start Date: _____ End Date: _____

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

Name of School:

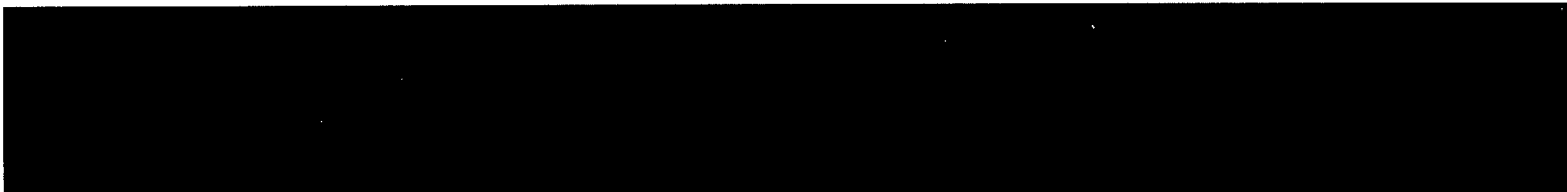
Keith Green

Director of Institution-
 al Compliance

06/17/2015 Harrisburg, PA

Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

Exhibit A2: Official transcripts



Harrisburg University of Science and Technology

ID : 156800
 Name : Iva Jurkovic
 DOB : 07/25/XXXX
 Address : 20 Newport Parkway
 Apartment 601
 Jersey City, NJ 07310

326 Market Street
 Harrisburg, PA 17101-2208

* OFFICIAL TRANSCRIPT *

Original
 Harrisburg University Of Science and Technology
 326 Market Street
 Harrisburg, PA. 17101-2208

Graduate Division

Course Number	Title	CR Type	Gra Rpt	Att	Ernd	HGpa	Q.Pts	GPA
---------------	-------	---------	---------	-----	------	------	-------	-----

2014-2015 Academic Year : Late Summer

ANLY-500	Analytics: Prin & Appl	CR	A	3.00	3.00	3.00	12.00	
ANLY-510	Analytics II: Principles & Ap	CR	A	3.00	3.00	3.00	12.00	
Term Totals :				6.00	6.00	6.00	24.00	4.0000
Career Totals :				6.00	6.00	6.00	24.00	4.0000

2015-2016 Academic Year : Late Fall

ANLY-520	Sentiment Analytics	CR	A	3.00	3.00	3.00	12.00	
CISC-520	Data Engineering and Minin	CR	A	3.00	3.00	3.00	12.00	
Term Totals :				6.00	6.00	6.00	24.00	4.0000
Career Totals :				12.00	12.00	12.00	48.00	4.0000

2015-2016 Academic Year : Late Spring

ANLY-515	Risk Modeling and Assessr	CR	C	3.00	3.00	3.00	6.00	
CISC-530	Computer Architecture for S	CR	A	3.00	3.00	3.00	12.00	
Term Totals :				6.00	6.00	6.00	18.00	3.0000
Career Totals :				18.00	18.00	18.00	66.00	3.6600

2015-2016 Academic Year : Late Summer

ANLY-506	Exploring Data Analytics	CR	A	3.00	3.00	3.00	12.00	
ANLY-512	Data Visualization	CR	A-	3.00	3.00	3.00	11.00	
Term Totals :				6.00	6.00	6.00	23.00	3.8300
Career Totals :				24.00	24.00	24.00	89.00	3.7000

Course Number	Title	CR Type	Gra Rpt	Att	Ernd	HGpa	Q.Pts	GPA
---------------	-------	---------	---------	-----	------	------	-------	-----

2016-2017 Academic Year : Late Fall

CISC-525	Big Data Architectures	CR	A	3.00	3.00	3.00	12.00	
ISEM-500	IS Strategic Planning	CR	A	3.00	3.00	3.00	12.00	
Term Totals :				6.00	6.00	6.00	24.00	4.0000
Career Totals :				30.00	30.00	30.00	113.01	3.7600

2016-2017 Academic Year : Late Spring

ANLY-515	Risk Modeling and Assessr	CR	A	3.00	3.00	3.00	12.00	
GRAD-695	Research Methodology & W	CR	A	3.00	3.00	3.00	12.00	
Term Totals :				6.00	6.00	6.00	24.00	4.0000
Career Totals :				33.00	33.00	33.00	131.01	3.9700

2016-2017 Academic Year : Late Summer

ANLY-502	Analytical Methods I	CR	WIP	0.00	0.00	0.00	0.00	
ANLY-699	Applied Project in Analytics	CR	WIP	0.00	0.00	0.00	0.00	
Term Totals :				0.00	0.00	0.00	0.00	0.0000
Career Totals :				33.00	33.00	33.00	131.01	3.9700

Division Career Totals : 33.00 33.00 33.00 131.01 3.9700

Degree Information :

(1) 'Master of Science' Date Conferred :

Major(s)
 Analytics



OF SCIENCE AND TECHNOLOGY

Business Office
326 Market Street
Harrisburg, PA 17101
(717) 901-5100

Student Account Summary

Iva Jurkovic

20 Newport Parkway
Apartment 601
Jersey City, NJ 07310

Date: 9-11-2017
ID Num: 156800
Balance: .00
Hold:

Date	Description	Term	Debit	Credit	Cumulative Balance
06/22/2015	Graduate Tuition Exec Format - LU 2015	LU 1415	4,800.00	.00	4,800.00
06/22/2015	Executive Format Program Fee	LU 1415	500.00	.00	5,300.00
06/22/2015	Student Tuition Deposit	LU 1415	.00	-5,300.00	.00
07/21/2015	Credit memo - Convenience Fee	LU 1415	.00	-118.25	-118.25
07/22/2015	A/R refund check	LU 1415	118.25	.00	.00
10/23/2015	Tuition Payment		.00	-5,300.00	-5,300.00
11/03/2015	Graduate Tuition Exec Format - LF 2015	LF 1516	4,800.00	.00	-500.00
11/03/2015	Executive Format Program Fee	LF 1516	500.00	.00	.00
02/26/2016	Tuition Payment	LS 1516	.00	-5,300.00	-5,300.00
03/11/2016	Graduate Tuition Exec Format - LS 2016	LS 1516	4,800.00	.00	-500.00
03/11/2016	Executive Format Program Fee	LS 1516	500.00	.00	.00
06/17/2016	Tuition Payment		.00	-5,300.00	-5,300.00
06/30/2016	Graduate Tuition Exec Format - LU 2016	LU 1516	4,800.00	.00	-500.00
06/30/2016	Executive Format Program Fee	LU 1516	500.00	.00	.00
10/17/2016	Tuition Payment	LF 1617	.00	-5,300.00	-5,300.00
11/07/2016	Graduate Tuition Exec Format - LF 2016	LF 1617	4,800.00	.00	-500.00
11/07/2016	Executive Format Program Fee	LF 1617	500.00	.00	.00
02/24/2017	Tuition Payment		.00	-5,300.00	-5,300.00
03/13/2017	Graduate Tuition Exec Format - LS 2017	LS 1617	4,800.00	.00	-500.00
03/13/2017	Executive Format Program Fee	LS 1617	500.00	.00	.00
06/27/2017	Tuition Payment		.00	-5,300.00	-5,300.00
07/17/2017	Graduate Tuition Exec Format - LU 2017	LU 1617	4,800.00	.00	-500.00
07/17/2017	Executive Format Program Fee	LU 1617	500.00	.00	.00
08/22/2017	RFE Processing Fee		250.00	.00	250.00
09/06/2017	RFE Processing Fee		.00	-250.00	.00
					<u>.00</u>

2014-2015 Academic Year Late Summer

Name : Jurkovic Iva
ID Number : 156800
Social Security # : ***-**-****
Address : 20 Newport Parkway
 Apartment 601
 Jersey City, NJ 07310

Division : Graduate
Degree : MS
Class : Graduate - Degree Seeking
Advisor : Ford Randolph

Major 1 : ANMS Analytics
Major 2 :
Major 3 :
Minor 1 :
Minor 2 :
Minor 3 :

Original
 Harrisburg University Of Science and Technology
 323 North Second Street
 Harrisburg, PA. 17101-2203

	Professor	Days	Beg Date	Beg Time	End Date	End Time	Loc / Bldg / Room	Status	Hours
Course:	ANLY 500 90	Analytics: Prin & Appl							
	Feyzi Bagirov		06/20/2015	00:00 AM	09/25/2015	00:00 AM	AOC AOC TBA	History	3.00
Course:	ANLY 510 01	Analytics II: Principles & Appl							
	Mr. Stephen Paul Penn	S	08/08/2015	01:00 PM	08/08/2015	05:00 PM	HUHBG HU326 1254	History	3.00
	Mr. Stephen Paul Penn	S	09/19/2015	01:00 PM	09/19/2015	05:00 PM	HUHBG HU326 1254	History	3.00
	Mr. Stephen Paul Penn	S	06/20/2015	01:00 PM	06/20/2015	05:00 PM	HUHBG HU326 1254	History	3.00
	Mr. Stephen Paul Penn		06/20/2015	00:00 AM	09/25/2015	00:00 AM	HUHBG HU326	History	3.00
Total Hours:									6.00

Days: M=Monday T=Tuesday W=Wednesday R=Thursday F=Friday S=Saturday U=Sunday

2015-2016 Academic Year Late Fall

Name : Jurkovic Iva
ID Number : 156800
Social Security # : ***-**-****
Address : 20 Newport Parkway
 Apartment 601
 Jersey City, NJ 07310

Division : Graduate
Degree : MS
Class : Graduate - Degree Seeking
Advisor : Ford Randolph

Major 1 : ANMS Analytics
Major 2 :
Major 3 :
Minor 1 :
Minor 2 :
Minor 3 :

Original
 Harrisburg University Of Science and Technology
 323 Market Street
 Harrisburg, PA. 17101-2208

	Professor	Days	Beg Date	Beg Time	End Date	End Time	Loc / Bldg / Room	Status	Hours
Course:	ANLY 520 50	Sentiment Analytics							
	Mr. Philip Alan Grim II		10/31/2015	00:00 AM	02/19/2016	00:00 AM	SVC VIRTU	History	3.00
	Mr. Philip Alan Grim II	S	12/19/2015	01:00 PM	12/19/2015	05:00 PM	HUHBG HU326 1312	History	3.00
	Mr. Philip Alan Grim II	S	02/13/2016	01:00 PM	02/13/2016	05:00 PM	HUHBG HU326 1312	History	3.00
	Mr. Philip Alan Grim II	S	10/31/2015	01:00 PM	10/31/2015	05:00 PM	HUHBG HU326 1312	History	3.00
Book List :									
	Title	Author(s)		Publisher	ISBN	New Price	Used Price		
	Natural Language Processing w/ Python	Bird, Klein		O'Reilly Media	978-0596516499	45.00	35.00		
Course:	CISC 520 90	Data Engineering and Mining							
	Marvine Hamner		10/31/2015	00:00 AM	02/19/2016	00:00 AM	AOC AOC	History	3.00
	Marvine Hamner		10/31/2015	00:00 AM	02/19/2016	00:00 AM	SVC VIRTU	History	3.00
Book List :									
	Title	Author(s)		Publisher	ISBN	New Price	Used Price		
	Handbook of Statistical Analysis & Data	Nisbet		Academic Press	978-0123747655	98.00	74.00		
	Mining of Massive Datasets	Leskovec & Rajaraman & Ullman		Cambridge University Pres	978-1-107-07723-	70.00	53.00		
Total Hours:									6.00

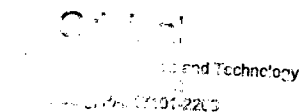
Days: M=Monday T=Tuesday W=Wednesday R=Thursday F=Friday S=Saturday U=Sunday

2015-2016 Academic Year Late Spring

Name : Jurkovic Iva
ID Number : 156800
Social Security # : ***-**-****
Address : 20 Newport Parkway
 Apartment 601
 Jersey City, NJ 07310

Division : Graduate
Degree : MS
Class : Graduate - Degree Seeking
Advisor : Ford Randolph

Major 1 : ANMS Analytics
Major 2 :
Major 3 :
Minor 1 :
Minor 2 :
Minor 3 :



Professor			Days	Beg Date	Beg Time	End Date	End Time	Loc / Bldg / Room	Status	Hours
Course:	ANLY 515 90	Risk Modeling and Assessment								
		Eduardo Rodriguez		03/05/2016	00:00 AM	06/10/2016	00:00 AM	SVC VIRTU	History	3.00
		Eduardo Rodriguez		03/05/2016	00:00 AM	06/10/2016	00:00 AM	AOC AOC	History	3.00
		Book List :								
		Title	Author(s)	Publisher	ISBN	New Price	Used Price			
	Practical Spreadsheet Risk Modeling	Lehman	Chapman & Hall	978-1439855522	90.00	70.00				
Course:	CISC 530 50	Computer Architecture for Softw Eng								
		Nushwan Yousif Baithoon Al-Nakr S		04/16/2016	01:00 PM	04/16/2016	05:00 PM	HUHBG HU326 1202	History	3.00
		Nushwan Yousif Baithoon Al-Nakr S		06/04/2016	01:00 PM	06/04/2016	05:00 PM	HUHBG HU326 1202	History	3.00
		Nushwan Yousif Baithoon Al-Nakr S		03/05/2016	01:00 PM	03/05/2016	05:00 PM	HUHBG HU326 1202	History	3.00
		Nushwan Yousif Baithoon Al-Nakr		03/05/2016	00:00 AM	06/10/2016	00:00 AM	SVC VIRTU	History	3.00
		Book List :								
		Title	Author(s)	Publisher	ISBN	New Price	Used Price			
	Computer Systems: An Integrated Appr	Ramachandran	Addison-Wesley	978-0321486134	150.00	120.00				
	Structured Computer Organization	Tanenbaum	Prentice Hall	978-0132916523	180.00	130.00				
Total Hours:										6.00

Days: M=Monday T=Tuesday W=Wednesday R=Thursday F=Friday S=Saturday U=Sunday

2015-2016 Academic Year Late Summer

Name : Jurkovic Iva
ID Number : 156800
Social Security # : ***-**-****
Address : 20 Newport Parkway
 Apartment 601
 Jersey City, NJ 07310

Division : Graduate
Degree : MS
Class : Graduate - Degree Seeking
Advisor : Ford Randolph

Major 1 : ANMS Analytics
Major 2 :
Major 3 :
Minor 1 :
Minor 2 :
Minor 3 :

Original
 Harrisburg University of Science and Technology
 1000 Locust Street
 Harrisburg, PA 17101-2203

	Professor	Days	Beg Date	Beg Time	End Date	End Time	Loc / Bldg / Room	Status	Hours
Course:	ANLY 506 90	Exploring Data Analytics							
	Doaa M Taha		06/25/2016	00:00 AM	09/30/2016	00:00 AM	SVC VIRTU	History	3.00
	Doaa M Taha		06/25/2016	00:00 AM	09/30/2016	00:00 AM	AOC AOC	History	3.00
	Book List :	Title	Author(s)		Publisher	ISBN			
		No Textbook Required							
Course:	ANLY 512 51	Data Visualization							
	Kevin Purcell	S	08/13/2016	01:00 PM	08/13/2016	05:00 PM	HUHBG HU326 1204	History	3.00
	Kevin Purcell	S	09/24/2016	01:00 PM	09/24/2016	05:00 PM	HUHBG HU326 1204	History	3.00
	Kevin Purcell	S	06/25/2016	01:00 PM	06/25/2016	05:00 PM	HUHBG HU326 1204	History	3.00
	Kevin Purcell		06/25/2016	00:00 AM	09/30/2016	00:00 AM	SVC VIRTU	History	3.00
	Book List :	Title	Author(s)		Publisher	ISBN			
		No Textbook Required							
Total Hours:									6.00

Days: M=Monday T=Tuesday W=Wednesday R=Thursday F=Friday S=Saturday U=Sunday

2016-2017 Academic Year Late Fall

Name : Jurkovic Iva
ID Number : 156800
Social Security # : ***-**-****
Address : 20 Newport Parkway
 Apartment 601
 Jersey City, NJ 07310

Division : Graduate
Degree : MS
Class : Graduate - Degree Seeking
Advisor : Ford Randolph

Major 1 : ANMS Analytics
Major 2 :
Major 3 :
Minor 1 :
Minor 2 :
Minor 3 :

Original
 Harrisburg University of Science and Technology
 323 Market Street
 Harrisburg, PA 17101-2208

	Professor	Days	Beg Date	Beg Time	End Date	End Time	Loc / Bldg / Room	Status	Hours
Course:	CISC 525 51	Big Data Architectures							
	Mr. Philip Alan Grim II	S	02/04/2017	01:00 PM	02/04/2017	05:00 PM	HUHBG HU326 1305	History	3.00
	Mr. Philip Alan Grim II	T	10/29/2016	08:00 PM	02/25/2017	09:00 PM	SVC VIRTU	History	3.00
	Mr. Philip Alan Grim II	S	11/05/2016	01:00 PM	11/05/2016	05:00 PM	HUHBG HU326 1305	History	3.00
	Mr. Philip Alan Grim II	S	12/10/2016	01:00 PM	12/10/2016	05:00 PM	HUHBG HU326 1305	History	3.00
Book List :	Title	Author(s)	Publisher	ISBN	New Price	Used Price			
	Hadoop Application Architectures	Grover	O'Reilly	978-1-4919-0008-	50.00	37.50			
	Hadoop: The Definitive Guide	White	O'Reilly	978-1449311520	50.00	30.00			
	HBase: The Definitive Guide	George	O'Reilly	978-1449396107	40.00	30.00			
Course:	ISEM 500 90	IS Strategic Planning							
	Amjad Umar		10/29/2016	00:00 AM	02/25/2017	00:00 AM	AOC AOC	History	3.00
	Amjad Umar	W	10/29/2016	09:00 PM	02/25/2017	10:30 PM	SVC VIRTU	History	3.00
Book List :	Title	Author(s)	Publisher	ISBN	New Price	Used Price			
	Management Information Systems	Laudon	Prentice Hall	978-0133050691	220.00	165.00			
Total Hours:									6.00

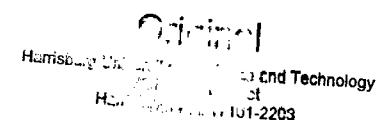
Days: M=Monday T=Tuesday W=Wednesday R=Thursday F=Friday S=Saturday U=Sunday

2016-2017 Academic Year Late Spring

Name : Jurkovic Iva
ID Number : 156800
Social Security # : ***-**-****
Address : 20 Newport Parkway
 Apartment 601
 Jersey City, NJ 07310

Division : Graduate
Degree : MS
Class : Graduate - Degree Seeking
Advisor : Ford Randolph

Major 1 : ANMS Analytics
Major 2 :
Major 3 :
Minor 1 :
Minor 2 :
Minor 3 :



	Professor	Days	Beg Date	Beg Time	End Date	End Time	Loc / Bldg / Room	Status	Hours
Course:	ANLY 515 51	Risk Modeling and Assessment							
	Martin A Negron	S	06/03/2017	01:00 PM	06/03/2017	05:00 PM	HUHBG HU326 1205	History	3.00
	Martin A Negron		03/04/2017	00:00 AM	06/09/2017	00:00 AM	SVC VIRTU	History	3.00
	Martin A Negron	S	03/04/2017	01:00 PM	03/04/2017	05:00 PM	HUHBG HU326 1004	History	3.00
	Martin A Negron	S	04/22/2017	01:00 PM	04/22/2017	05:00 PM	HUHBG HU326 1004	History	3.00
Book List :									
	Title	Author(s)	Publisher	ISBN	New Price	Used Price			
	Practical Spreadsheet Risk Modeling	Lehman	Chapman & Hall	978-1439855522	90.00	70.00			
Course:	GRAD 695 91	Research Methodology & Writing							
	Randolph Ford Ph.D.		03/04/2017	00:00 AM	06/09/2017	00:00 AM	AOC AOC	History	3.00
	Randolph Ford Ph.D.	R	03/04/2017	08:00 PM	06/09/2017	09:00 PM	SVC VIRTU	History	3.00
Book List :									
	Title	Author(s)	Publisher	ISBN	New Price	Used Price			
	Research Methodology	Kumar	Sage	978-1-4462-6997-	52.00	39.00			
Total Hours:									6.00

Days: M=Monday T=Tuesday W=Wednesday R=Thursday F=Friday S=Saturday U=Sunday

2016-2017 Academic Year Late Summer

Name : Jurkovic Iva
ID Number : 156800
Social Security # : ***-**-****
Address : 20 Newport Parkway
 Apartment 601
 Jersey City, NJ 07310

Division : Graduate
Degree : MS
Class : Graduate - Degree Seeking
Advisor : Ford Randolph

Major 1 : ANMS Analytics
Major 2 :
Major 3 :
Minor 1 :
Minor 2 :
Minor 3 :

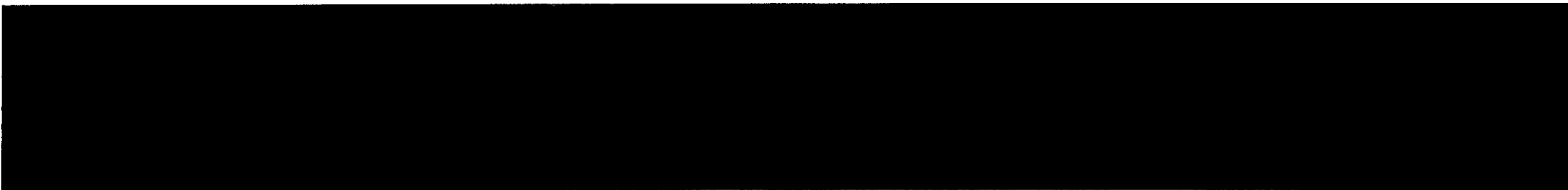
Original
 Harrisburg University of Science and Technology
 09/11/2017

Professor			Days	Beg Date	Beg Time	End Date	End Time	Loc / Bldg / Room	Status	Hours	
Course:	ANLY 502 51	Analytical Methods I	Ali Motamedi	S	09/23/2017	01:00 PM	09/23/2017	05:00 PM	HUHBG HU326 1346	Current	3.00
			Ali Motamedi	M	07/08/2017	07:30 PM	10/13/2017	08:30 PM	SVC VIRTU	Current	3.00
			Ali Motamedi	S	07/08/2017	01:00 PM	07/08/2017	05:00 PM	HUHBG HU326 1346	Current	3.00
			Ali Motamedi	S	08/19/2017	01:00 PM	08/19/2017	05:00 PM	HUHBG HU326 1346	Current	3.00
			Course:	ANLY 699 90	Applied Project in Analytics						
		Randolph Ford Ph.D.		07/08/2017	00:00 AM	10/13/2017	00:00 AM	AOC AOC	Current	3.00	
		Randolph Ford Ph.D.	W	07/08/2017	08:00 PM	10/13/2017	09:00 PM	SVC VIRTU	Current	3.00	
Book List :											
Title		Author(s)		Publisher		ISBN					
No Textbook Required											

Total Hours: 6.00

Days: M=Monday T=Tuesday W=Wednesday R=Thursday F=Friday S=Saturday U=Sunday

Exhibit A3: Student account statement reflecting
receipts of tuition payment



Finance

**CASHNet My Account Info - View Transactions****CASHNet My Account Info** > **My Account Balances** > View Transactions**Position to Account:** Accounts Receivable - Tuition and Fees**Account:** Accounts Receivable - Tuition and Fees

<u>Transaction Description</u>	<u>Transaction Date</u>	<u>Transaction Amount</u>
Beginning Balance		\$0.00
Graduate Tuition Exec Format - LU 2017	7/17/2017	\$4,800.00
Executive Format Program Fee	7/17/2017	\$500.00
Tuition Payment	6/27/2017	(\$5,300.00)
Graduate Tuition Exec Format - LS 2017	3/13/2017	\$4,800.00
Executive Format Program Fee	3/13/2017	\$500.00
Tuition Payment	2/24/2017	(\$5,300.00)
Graduate Tuition Exec Format - LF 2016	11/7/2016	\$4,800.00
Executive Format Program Fee	11/7/2016	\$500.00
Tuition Payment	10/17/2016	(\$5,300.00)
Graduate Tuition Exec Format - LU 2016	6/30/2016	\$4,800.00
Executive Format Program Fee	6/30/2016	\$500.00
Tuition Payment	6/17/2016	(\$5,300.00)
Graduate Tuition Exec Format - LS 2016	3/11/2016	\$4,800.00
Executive Format Program Fee	3/11/2016	\$500.00
Tuition Payment	2/26/2016	(\$5,300.00)
Graduate Tuition Exec Format - LF 2015	11/3/2015	\$4,800.00
Executive Format Program Fee	11/3/2015	\$500.00
Tuition Payment	10/23/2015	(\$5,300.00)
A/R refund check	7/22/2015	\$118.25
Credit memo - Convenience Fee	7/21/2015	(\$118.25)
Student Tuition Deposit	6/22/2015	(\$5,300.00)
Graduate Tuition Exec Format - LU 2015	6/22/2015	\$4,800.00
Executive Format Program Fee	6/22/2015	\$500.00

Accounts Receivable - Tuition and Fees Balance: \$0.00

Receipt - Harrisburg University of Science and Technology

bursar@harrisburgu.edu

Mon 6/26/2017 10:08 PM

To: Iva Jurkovic <IJurkovic@my.harrisburgu.edu>;

Harrisburg University of Science and Technology

Receipt Number: 39456

Customer: JURKOVIC, IVA

Web Payments- Harrisburg Univ.

Current Date: 06/26/2017

Business Date: 06/27/2017

Description	Amount
Student Account	\$5,300.00
Total	\$5,300.00

Payments Received	Amount
ACH Payment	\$5,300.00
Checking Account XXXXXX0528	
Routing # 271070801 CITIBANK FEDERAL SAVINGS BANK, NEW CASTLE, DE	
Total	\$5,300.00

Thank you for the payment.

Receipt - Harrisburg University of Science and Technology

bursar@harrisburgu.edu

Thu 2/23/2017 4:03 PM

To: Iva Jurkovic <IJurkovic@my.harrisburgu.edu>;

Harrisburg University of Science and Technology

Receipt Number: 34205

Customer: JURKOVIC, IVA

Web Payments- Harrisburg Univ.

Current Date: 02/23/2017

Business Date: 02/24/2017

Description	Amount
Student Account	\$5,300.00
Total	\$5,300.00

Payments Received	Amount
ACH Payment	\$5,300.00
Checking Account XXXXXX0528	
Routing # 271070801 CITIBANK FEDERAL SAVINGS BANK, NEW CASTLE, DE	
Total	\$5,300.00

Thank you for the payment.

Receipt - Harrisburg University of Science and Technology

bursar@harrisburgu.edu

Sun 10/16/2016 6:06 PM

To: iva.jurkovic@outlook.com <iva.jurkovic@outlook.com>;

Harrisburg University of Science and Technology

Receipt Number: 29473

Customer: JURKOVIC, IVA

Web Payments- Harrisburg Univ.

Current Date: 10/16/2016

Business Date: 10/17/2016

Description	Amount
<hr/>	
Student Account	\$5,300.00
Total	\$5,300.00

Payments Received	Amount
<hr/>	
ACH Payment	\$5,300.00
Checking Account XXXXXX0528	
Routing # 271070801 CITIBANK FEDERAL SAVINGS BANK, NEW CASTLE, DE	
Total	\$5,300.00

Thank you for the payment.

Receipt - Harrisburg University of Science and Technology

bursar@harrisburgu.edu

Fri 6/17/2016 10:26 AM

To: iva.jurkovic@outlook.com <iva.jurkovic@outlook.com>;

Harrisburg University of Science and Technology

Receipt Number: 24776

Customer: JURKOVIC, IVA

Web Payments- Harrisburg Univ.

Current Date: 06/17/2016

Description	Amount
Student Account	\$5,300.00
Total	\$5,300.00

Payments Received	Amount
ACH Payment	\$5,300.00
Checking Account XXXXXX0528	
Routing # 271070801 CITIBANK FEDERAL SAVINGS BANK, NEW CASTLE, DE	
Total	\$5,300.00

Thank you for the payment.

Receipt - Harrisburg University of Science and Technology

bursar@harrisburgu.edu

Thu 2/25/2016 7:52 PM

To: iva.jurkovic@outlook.com <iva.jurkovic@outlook.com>;

Harrisburg University of Science and Technology

Receipt Number: 19851

Customer: JURKOVIC, IVA

Web Payments- Harrisburg Univ.

Current Date: 02/25/2016

Business Date: 02/26/2016

Description	Amount
Student Account	\$5,300.00
Total	\$5,300.00

Payments Received	Amount
ACH Payment	\$5,300.00
Checking Account XXXXXX0528	
Routing # 271070801 CITIBANK FEDERAL SAVINGS BANK, NEW CASTLE, DE	
Total	\$5,300.00

Thank you for the payment.

Receipt - Harrisburg University of Science and Technology

bursar@harrisburgu.edu

Thu 10/22/2015 9:05 PM

To: iva.jurkovic@outlook.com <iva.jurkovic@outlook.com>;

Harrisburg University of Science and Technology

Receipt Number: 15528
 Customer: JURKOVIC, IVA
 Web Payments- Harrisburg Univ.
 Current Date: 10/22/2015
 Business Date: 10/23/2015

Description	Amount
<hr/>	
Student Account	\$5,300.00
Total	\$5,300.00

Payments Received	Amount
<hr/>	
ACH Payment	\$5,300.00
Checking Account XXXXXX0528	
Routing # 271070801 CITIBANK FEDERAL SAVINGS BANK, NEW CASTLE, DE	
Total	\$5,300.00

Thank you for the payment.

Thank you for your payment

hucheckout@harrisburgu.edu

Wed 6/10/2015 11:00 AM

To: iva.jurkovic@outlook.com <iva.jurkovic@outlook.com>;

Harrisburg University of Science and Technology

Receipt Number: 11415

Customer: Checkout

HU Checkout

Current Date: 06/10/2015

Description	Amount
Graduate Studies Executive Format Tuition and Fees	\$4,300.00
Student First Name: Iva	
Student Last Name: Jurkovic	
Student ID Number: 156800	
Service Charge	\$118.25
Total	\$4,418.25

Payments Received	Amount
Credit Card Payment	\$4,418.25
MasterCard XXXXXXXXXXXX8069	
Authorization # 289781	
Total	\$4,418.25

Thank you for the payment.

Thank you for your payment

hucheckout@harrisburgu.edu

Mon 6/8/2015 8:55 AM

To: iva.jurkovic@outlook.com <iva.jurkovic@outlook.com>;

Harrisburg University of Science and Technology

Receipt Number: 11302
Customer: Checkout
HU Checkout
Current Date: 06/08/2015

Description	Amount
<hr/>	
Student Account Deposits	\$1,000.00
Student First Name: Iva	
Student ID Number: 156800	
Student Last Name: Jurkovic	
Entrance Term: SUMMER	
Entrance Year: 2015	
Total	\$1,000.00

Payments Received	Amount
<hr/>	
Credit Card Payment	\$1,000.00
MasterCard XXXXXXXXXXXX8069	
Authorization # 803501	
Total	\$1,000.00

Thank you for the payment.



**HARRISBURG
UNIVERSITY**
OF SCIENCE AND TECHNOLOGY
Business Office
326 Market Street
Harrisburg, PA 17101
(717) 901-5100

Student Account Summary

Iva Jurkovic

20 Newport Parkway
Apartment 601
Jersey City, NJ 07310

Date: 9-11-2017
ID Num: 156800
Balance: .00
Hold:

Date	Description	Term	Debit	Credit	Cumulative Balance
06/22/2015	Graduate Tuition Exec Format - LU 2015	LU 1415	4,800.00	.00	4,800.00
06/22/2015	Executive Format Program Fee	LU 1415	500.00	.00	5,300.00
06/22/2015	Student Tuition Deposit	LU 1415	.00	-5,300.00	.00
07/21/2015	Credit memo - Convenience Fee	LU 1415	.00	-118.25	-118.25
07/22/2015	A/R refund check	LU 1415	118.25	.00	.00
10/23/2015	Tuition Payment		.00	-5,300.00	-5,300.00
11/03/2015	Graduate Tuition Exec Format - LF 2015	LF 1516	4,800.00	.00	-500.00
11/03/2015	Executive Format Program Fee	LF 1516	500.00	.00	.00
02/26/2016	Tuition Payment	LS 1516	.00	-5,300.00	-5,300.00
03/11/2016	Graduate Tuition Exec Format - LS 2016	LS 1516	4,800.00	.00	-500.00
03/11/2016	Executive Format Program Fee	LS 1516	500.00	.00	.00
06/17/2016	Tuition Payment		.00	-5,300.00	-5,300.00
06/30/2016	Graduate Tuition Exec Format - LU 2016	LU 1516	4,800.00	.00	-500.00
06/30/2016	Executive Format Program Fee	LU 1516	500.00	.00	.00
10/17/2016	Tuition Payment	LF 1617	.00	-5,300.00	-5,300.00
11/07/2016	Graduate Tuition Exec Format - LF 2016	LF 1617	4,800.00	.00	-500.00
11/07/2016	Executive Format Program Fee	LF 1617	500.00	.00	.00
02/24/2017	Tuition Payment		.00	-5,300.00	-5,300.00
03/13/2017	Graduate Tuition Exec Format - LS 2017	LS 1617	4,800.00	.00	-500.00
03/13/2017	Executive Format Program Fee	LS 1617	500.00	.00	.00
06/27/2017	Tuition Payment		.00	-5,300.00	-5,300.00
07/17/2017	Graduate Tuition Exec Format - LU 2017	LU 1617	4,800.00	.00	-500.00
07/17/2017	Executive Format Program Fee	LU 1617	500.00	.00	.00
08/22/2017	RFE Processing Fee		250.00	.00	250.00
09/06/2017	RFE Processing Fee		.00	-250.00	.00
					<u>.00</u>

* Indicates preliminary transaction

www.HarrisburgU.edu

Exhibit A4: Curriculum Overview



CURRICULUM OVERVIEW

Learning at Harrisburg University

The goal of learning at Harrisburg University is to obtain the relevant knowledge, competence, and experiences to best be prepared for an enriching career. Learning is, therefore, a multi-faceted activity that occurs throughout and across the college experience; it integrates both academic learning (acquiring and applying new knowledge) and student development (learning about one's self). Competency-based learning outcomes with programs that are intentionally designed to be engaging, integrative, and experiential are emphasized. There are four inter-dependent program characteristics that help define the Harrisburg University experience:

- **Highly Available:** The University provides learning experiences to meet the student's needs. This is demonstrated, for example, through the use of technology inside and outside of the classroom, and the applied learning opportunities available.
- **Highly Collaborative:** The student develops knowledge and skills through shared experience, as opposed to learning in isolation or in competition with each other. The faculty is responsible for creating learning environments based upon the premise that knowledge can be gained from everyone. The student has the advantage of learning from the minds and experiences of classmates, business mentors, or employers.
- **Highly Experiential:** The University deliberately ensures that learning is highly-linked to both practical and professional experience. This represents a shift from one-way (faculty to student), text-heavy content delivery to a more robust learning model that deliberately values experience, both inside and outside the classroom.
- **Highly Applied:** The learning conversation focuses on the practical application of knowledge. The intention is to shift the question from "How do I remember this information?" to "How can I act on this information in order to create knowledge that is both useful and actionable?" In this way, learning becomes an exercise in both preparation for career and personal advancement.

Learning Assessment at Harrisburg University

Harrisburg University's model for the assessment of student learning is structured to support learning goals. The goals of the programs and courses are clearly defined and are relevant to the mission of the University. Course syllabi establish specific learning objectives, articulate the instructor's expectation of the student, and outline the standards against which the student's learning will be measured. Learning assessment of coursework and experiential learning is creative, in that it goes beyond instructor-driven evaluation through examinations and papers in most cases, and is done both inside and outside the classroom by faculty, business and academic professionals. Further, student learning around each of the University competencies is a focus of assessment activities. The University is committed to improve its program offerings by comparing student assessment outcomes to the program and course goals.

Competencies

Competency-Driven and Across-the-Curricula: A hallmark of the Harrisburg University experience is competency-driven education. The student will be expected to demonstrate mastery of eight university-wide competencies:

- Critical Thinking
- Communication
- Teamwork and Collaboration
- Entrepreneurship
- Information Literacy
- Ethical Decision Making
- Global Awareness
- Civic Engagement

Regardless of the student's program of study, employers and community leaders desire these competencies; they also serve the broader purpose of preparation for life and citizenship.

Structure of the Master of Science Degree Program

Graduate education focuses on individualized career advancement in areas of study within science, technology, engineering, and mathematics disciplines. The University's approach is based on an experiential model that allows the student to gain and apply knowledge and skills at an advanced level and to focus on an area of need or interest particular to the student. Faculty combine corporate and academic perspectives in the design, development, and delivery of graduate programs and courses. Programs are primarily designed for working professionals focused on career advancement.

Master of Science Degree Model

The curriculum requires a minimum of 36 earned semester hours to fulfill the Master of Science degree requirements. The courses are distributed in the following required areas: Core, Experiential, and Electives. Each requirement is detailed as follows:

Core Courses

15 or 18 semester hours

Each Master of Science program has Core semester hours that uniquely define the specific program

Master of Science Degree programs are offered in the following areas:

- Analytics (ANMS)
- Computer Information Sciences (CSMS)
- Learning Technologies and Media Systems (LTMS)
- Information Systems Engineering and Management (ISEM)
- Project Management (PMGT)

Electives

12 or 15 semester hours

Any graduate course (ANLY, CISC, GRAD, ISEM, LTMS, PMGT, ITPM) not required by the program may be applied toward the elective requirement. This component of the program may be used to complete a concentration in a specific topic or may be used to individualize the student's program of study.

Experiential Courses

6 semester hours

The experiential course sequence synthesizes the key concepts of the program extending and applying these concepts to real life practical problems or research investigations. It consists of two courses: a research methodology and writing course, and a Graduate Thesis or Applied Project.

Master of Science Degree

total of 36 semester hours

ACADEMIC PROGRAMS

Graduate education focuses on individualized career advancement in areas of study within science, technology, engineering, and mathematics disciplines. The University's approach is based on an experiential model that allows the student to gain and apply knowledge and skills at an advanced level and to focus on an area of need or interest particular to the student. Faculty combines corporate and academic perspectives in the design, development, and delivery of graduate programs and courses. Programs are primarily designed for working professionals focused on career advancement. Degree programs are offered in analytics, computer information sciences, information systems engineering and management, learning technologies, and project management.

Master of Science in Analytics (ANMS)

This 36-semester hour program prepares the student by providing depth in analytics during the first year and focused functional study during the second year that can be applied to any discipline or any interdisciplinary area. Data analysts are forging new relationships in virtually every discipline: business, healthcare, geology, mathematics and statistics, biology, chemistry, computer science, information systems and technology, engineering, psychology, behavioral science, operations research and more, in addition to potential interactions between these disciplines, using role-based interaction with information and analytics to enable highly- collaborative, data-driven organizations. The graduate of this program enters the workforce prepared for the complex, information-intensive world.

The Analytics student may specialize in the following areas: Natural Language Processing, Machine Learning, Forecasting or an individualized concentration.

Program Goals

ANMS graduates are able to:

- Identify and assess the opportunities, needs and constraints for data usage;
- Make clear and insightful analyses changing direction quickly as required by these analyses;
- Identify new opportunities, find better explanations or discover and creatively solve problems using insights developed through data analyses;
- Communicate clearly and persuasively to a variety of audiences;
- Maintain ethics throughout the conduct and use of analyses and results; and,
- Lead analytics teams and projects.

Graduates become data scientists and analysts in finance, marketing, operations and business intelligence working groups that generate and consume large amounts of data.

Analytics Requirements - The following courses comprise the Master of Science in Analytics program - 36 semester hours. The semester hour value of each course appears in parentheses ().

Complete all of the following Core courses – 15 semester hours:

ANLY 500	Analytics I: Principles and Applications	(3)
ANLY 510	Analytics II: Principles and Applications	(3)
ANLY 502	Analytical Methods I	(3)
ANLY 506	Exploratory Data Analysis	
	or	(3)
ANLY 512	Data Visualization	

ANLY 545	Analytical Methods II	
	or	(3)
ANLY 560	Functional Programming Methods for Analytics	

Complete the following Experiential courses -- 6 semester hours:

GRAD 695	Research Methodology and Writing	(3)
and		
ANLY 699	Applied Project in ANLY	
or		(3)
GRAD 699	Graduate Thesis	

Complete one of the following concentrations:

Natural Language Processing Concentration:

ANLY 506	Exploratory Analyses	
	or	(3)
ANLY 512	Data Visualization	
	(Select the course not taken as part of the core)	
ANLY 520	Sentiment Analysis	(3)
ANLY 540	Analysis of Human Language	(3)
ANLY 610	Analytical Methods III	(3)
ANLY Elective		(3)

Machine Learning Concentration:

ANLY 506	Exploratory Analyses	
	or	(3)
ANLY 512	Data Visualization	
	(Select the course not taken as part of the core)	
ANLY 530	Machine Learning I	(3)
ANLY 535	Machine Learning II	(3)
ANLY 610	Analytical Methods III	(3)
ANLY Elective		(3)

Forecasting Concentration:

ANLY 506	Exploratory Analyses	
	or	(3)
ANLY 512	Data Visualization	
	(Select the course not taken as part of the core)	
ANLY 505	Modeling, Simulation and Gamification	(3)
ANLY 515	Risk Modeling and Assessment	(3)
ANLY 525	Quantitative Decision-Making	(3)
ANLY 530	Machine Learning I	(3)

Individualized Concentration:

The Master of Science in Analytics student can choose courses totaling 15 semester hours of credit from any of the following Master of Science programs: Analytics, Information Systems Engineering and Management, Computer Information Sciences, Learning Technologies, or Project Management.

Recommended Sequence for the Two-Year Master of Science in Analytics Program with a Concentration in Natural Language Processing – The sequence that appears below is based upon the availability of specific courses in each semester and the successful completion of course prerequisites.

First Year

Fall Semester		Spring Semester		Summer Semester	
ANLY 500 Analytics I: Principles and Applications	3	ANLY 506 Exploratory Data Analysis	3	ANYL 510 Analytics II: Principles and Applications	3
ANLY 502 Analytical Methods I	3	ANLY 512 Data Visualization	3	ANLY 545 Analytical Methods II Or ANLY 560 Functional Programming Methods for Analytics	3
Total Semester Hours	6	Total Semester Hours	6	Total Semester Hours	6

Second Year

Fall Semester		Spring Semester		Summer Semester	
ANLY 520 Sentiment Analysis	3	ANLY 540 Analysis of Human Language	3	ANLY 699 Applied Project in ANLY or GRAD 699 Graduate Thesis	3
GRAD 695 Research Methodology & Writing	3	ANLY 610 Analytical Methods III	3	ANLY Elective	3
Total Semester Hours	6	Total Semester Hours	6	Total Semester Hours	6

Recommended Sequence for the Two-Year Master of Science in Analytics Program with a Concentration in Machine Learning – The sequence that appears below is based upon the availability of specific courses in each semester and the successful completion of course prerequisites.

First Year

Fall Semester		Spring Semester		Summer Semester	
ANLY 500 Analytics I: Principles and Applications	3	ANLY 506 Exploratory Data Analysis	3	ANYL 510 Analytics II: Principles and Applications	3
ANLY 502 Analytical Methods I	3	ANLY 512 Data Visualization	3	ANLY 545 Analytical Methods II Or ANLY 560 Functional Programming Methods for Analytics	3
Total Semester Hours	6	Total Semester Hours	6	Total Semester Hours	6

Second Year					
Fall Semester		Spring Semester		Summer Semester	
ANLY 530 Machine Learning I	3	ANLY 535 Machine Learning II	3	ANLY 699 Applied Project in ANLY or GRAD 699 Graduate Thesis	3
GRAD 695 Research Methodology & Writing	3	ANLY 610 Analytical Methods III	3	ANLY Elective	3
Total Semester Hours	6	Total Semester Hours	6	Total Semester Hours	6

Recommended Sequence for the Two-Year Master of Science in Analytics

Program with a Concentration in Forecasting – The sequence that appears below is based upon the availability of specific courses in each semester and the successful completion of course prerequisites.

First Year					
Fall Semester		Spring Semester		Summer Semester	
ANLY 500 Analytics I: Principles and Applications	3	ANLY 506 Exploratory Data Analysis	3	ANLY 510 Analytics II: Principles and Applications	3
ANLY 502 Analytical Methods I	3	ANLY 512 Data Visualization	3	ANLY 545 Analytical Methods II Or ANLY 560 Functional Programming Methods for Analytics	3
Total Semester Hours	6	Total Semester Hours	6	Total Semester Hours	6

Second Year					
Fall Semester		Spring Semester		Summer Semester	
ANLY 505 Modeling, Simulation, and Gamification	3	ANLY 530 Machine Learning I	3	ANLY 699 Applied Project in ANLY or GRAD 699 Graduate Thesis	3
GRAD 695 Research Methodology & Writing	3	ANLY 515 Risk Modeling and Assessment	3	ANLY 525 Quantitative Decision-Making	3
Total Semester Hours	6	Total Semester Hours	6	Total Semester Hours	6

Recommended Sequence for the Two-Year Master of Science in Analytics

Program with an Individualized Concentration — The sequence that appears below is based upon the availability of specific courses in each semester and the successful completion of course prerequisites.

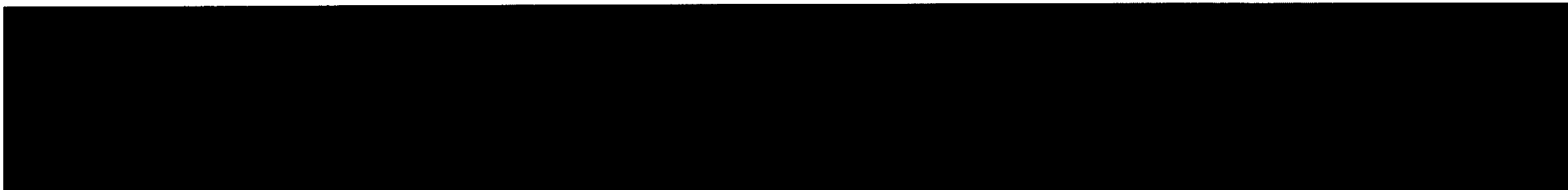
First Year

Fall Semester		Spring Semester		Summer Semester	
ANLY 500 Analytics I: Principles and Applications	3	ANLY 506 Exploratory Data Analysis Or ANLY 512 Data Visualization	3	ANYL 510 Analytics II: Principles and Applications	3
ANLY 502 Analytical Methods I	3	Elective	3	ANLY 545 Analytical Methods II Or ANLY 560 Functional Programming Methods for Analytics	3
Total Semester Hours	6	Total Semester Hours	6	Total Semester Hours	6

Second Year

Fall Semester		Spring Semester		Summer Semester	
Elective	3	Electives	3	ANLY 699 Applied Project in ANLY or GRAD 699 Graduate Thesis	3
GRAD 695 Research Methodology & Writing	3	Elective	3	Elective	3
Total Semester Hours	6	Total Semester Hours	6	Total Semester Hours	6

Exhibit A5: Harrisburg CPT Program Overview



Credit by Challenge Examination – The University awards academic credit to a student who has performed satisfactorily on a challenge examination created by a member of Harrisburg University's faculty. A student may do so by obtaining a Challenge Examination Form from the Office of Records and Registration, obtain the signature of the sponsoring instructor from the appropriate discipline, pay a fee equal to one-third the normal tuition charge for the course, and return the form to the Office of Records and Registration which will schedule a time and location for the examination. A student is limited to earning no more than 6 semester hours of credit via examination.

Curricular Practical Training

Curricular practical training (CPT) is an academically-related work and learning experience for international students studying in the United States on an F-1 visa. CPT is defined as alternative work-study, internship, cooperative education employment, or other type of practicum. CPT is a required component of each of the Master of Science degree programs offered at Harrisburg University.

An F-1 student must be authorized by a Designated School Official (DSO) prior to employment. A minimum of two (2) semesters of participation in an internship/work experience is required for each student while enrolled and attending the program. Immediate participation is required for the eligible student. A student with a pending I-539 Change of Status request or an individual that recently obtained an approved F-1 Change of Status following a B-1/B-2 or F-2 I-539 COS request may not participate in CPT immediately. The internship/work experience is an integral (essential) part of the established curriculum within each program of study, and immediate participation in CPT may commence at the beginning of the initial semester of enrollment if the required request for DSO approval and the employer offer letter are submitted timely. A student who has recently arrived in the U.S. within forty-five (45) days prior to a program start date will not be authorized to participate in CPT until at least one (1) semester of coursework has been successfully completed with a Cumulative Grade Point Average (CGPA) of 3.00 or better. An individual that recently obtained a F-1 Change of Status from B-1/B-2 or F-2 visa may not participate in CPT until at least one (1) semester of coursework has been successfully completed.

A first-time student at the Master degree level may only participate in 12 months (<364 days) of Full-Time CPT during the program of study to remain eligible for OPT. Upon completion, the student is then eligible to apply for Optional Practical Training (OPT) for an initial period of 12 months and a 24-month extension of OPT for the STEM-approved programs offered by the University. A student who has previously completed Optional Practical Training (OPT) at the Master degree level has exhausted OPT eligibility and is permitted to complete up to 24 months of CPT for the entire program of study.

A student's CPT internship experience or employment must relate to the program of study and may be part-time (20 or less hours per week) or full-time (21 to 40 hours per week).

Referred to as experiential learning, work experience permits the student to take lecture and textbook learning and apply that knowledge in a real-world setting to the workplace to research and prepare for the capstone Thesis or Applied Project.

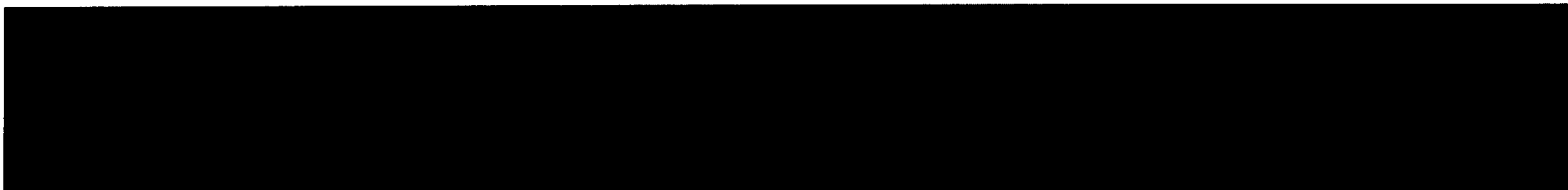
CPT is available to the eligible student during the graduate degree program. Optional Practical Training (OPT) is a continuation of practical training employment for the eligible student that occurs following completion of the degree requirements of the program. OPT is optional and is available only once to an eligible student at each educational degree level. A student who has completed OPT

at the Master's level at a prior institution has exhausted OPT eligibility and may not re-apply for OPT through Harrisburg University.

Harrisburg University defines full-time enrollment status as six (6) semester hours of academic credit per semester in the Master of Science degree programs. An F-1 student must remain full-time throughout the entire program of study. A student enrolled on an F-1 visa may not register for more than one (1) online [distance learning] course each semester. A student who holds an H-1B or H-4 visa is permitted to take more than one course online each semester. Courses offered in the graduate program are not self-paced. Readings, writing assignments, and testing are often conducted weekly throughout the semester. All courses require 6 to 8 hours per week of study and applied project work outside of the classroom.

A completed CPT Verification Form signed by the employer and an employment Offer Letter are required to be submitted timely to the Office of International Students for participation in CPT. Following approval by a DSO, an updated active SEVIS Form I-20 is processed that should be presented to the site supervisor with the Cooperative Agreement. The period of eligible CPT employment is extended to the semester break periods, in accordance with University policy, if the student is pre-registered for any subsequent semester of enrollment.

Exhibit A6: Previous CPT Cooperative
Agreement, Employment offer letter and CPT
Verification





CPT Employment Verification Form

Date 06/06/2016 Student ID# 156800
Name WA AZEONIC
Address 20 NEWPORT PARKWAY APT 1710
City, State, Zip JERSEY CITY, NJ 07310
Mobile Phone # 912-929-5137 (required for USCIS/SEVIS reporting)

☒ Full-Time Employment (more than 20 hours per week)

☐ Part-Time Employment (less than 20 Hours per week)

Employer Name FXCM GLOBAL SERVICES, LLC
Address 55 WATER STREET 55th FLOOR
City, State, Zip NEW YORK, NY 10041
Contact Person PAUL SHAYE
Position Title FINANCIAL ANALYST
Position Description FINANCIAL ANALYST

Start Date 06/20/2016 End Date 06/19/2017
Student Signature [Signature]
Employer Signature [Signature]

PLEASE ATTACH THE EMPLOYMENT OFFER LETTER OR CERTIFICATION OF CURRENT EMPLOYMENT TO THIS FORM AND RETURN TO: Keith A. Green; Primary Designated School Official, Office of Compliance
Harrisburg University of Science and Technology
KGreen@HarrisburgU.edu



CPT Employment Verification Form

Date 06/08/2015 Student ID# 156800
Name Iva Jurkovic
Address 20 Newport Parkway, Apt 1710
City, State, Zip Jersey City, NJ 07310

☒ Full-Time Employment (more than 20 hours per week)

☐ Part-Time Employment (less than 20 Hours per week)

Employer Name Forex Capital Markets
Address 55 Water Street
City, State, Zip New York, NY 10041
Contact Person Sebastian Oh , soh@fxcm.com
Position Title Compliance Associate
Position Description Audits and Examinations

Start Date 06/19/2015 End Date 06/18/2016
Student Signature Iva Jurkovic
Employer Signature Carina Lau

PLEASE ATTACH THE EMPLOYMENT OFFER LETTER OR CERTIFICATION OF CURRENT EMPLOYMENT TO THIS FORM AND RETURN TO: Designated School Official, Office of Compliance
Harrisburg University of Science and Technology



EXCM
LISTED
NYSE

Forex Capital Markets, LLC
55 Water Street, 50th Floor
New York, NY 10041 USA
Tel: 212 697 7660
Fax: 212 697 7660
E-mail: admin@fxcm.com
www.fxcm.com

Job Description

Date:	<input type="checkbox"/> Hire Date: <input checked="" type="checkbox"/> Change Date: 10/26/2015
Position:	Financial Analyst
Reports to:	Paul Saake, Director, Financial Analysis, Accounting
Compensation:	\$ 60,000.00 <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Hourly
FLSA Status:	<input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt If Non-exempt, overtime pay rate: \$ _____ per hour
Regular PaY Dates:	Semi-Monthly (every 15 th and last day of the month)
Allowances Taken:	NONE

Key Duties & Responsibilities:

- Perform a range of financial analysis in support of internal operations and external activities involving investors and mergers & acquisitions
- Design and prepare analytics reports for internal management and presentation to Board of Directors, investors, and others
- Due diligence on potential M & A transactions
- Conduct primary & secondary industry research
- Build financial models forecasting business profitability
- Design & build FRX based financial reports

Critical Knowledge, Skills & Experience:

- Bachelor degree in Finance and Accounting/M.B.A. with a minimum GPA of 3.0
- Exceptional analytical/financial modeling skills and use of Excel
- Knowledge of SQL, Database Management, and/or Access
- 1-2 years of relevant industry experience
- Excellent interpersonal skills and work ethic
- Superior oral and written communication skills
- Knowledge of Microsoft Dynamics a plus

Employee Acknowledgement:

I have read and understand the above information to be an accurate representation of the responsibilities, pay rates, overtime rate (if eligible), allowances, designated pay dates and FLSA status of my position at Forex Capital Markets, LLC.

Employee Name: Iva Jurkovic

Employee Signature: 

Date: 10/26/2015

Prepared by: Human Resources



FXCM
LISTED
NYSE.

Forex Capital Markets, LLC
55 Water Street, 50th Floor
New York, NY 10041 USA
Tel: 212 897 7660
Fax: 212 897 7669
E-mail: admin@fxcm.com
www.fxcm.com

February 13, 2015

PRIVATE & CONFIDENTIAL

Iva Jurkovic
182 West Lake Street
Chicago, IL 60601

Dear Iva,

Congratulations! We are pleased to offer you the position of Compliance Associate with Forex Capital Markets LLC ("FXCM"). Since you are a current employee, your start date would be agreed upon once you have accepted the offer and made arrangements to relocate to New York.

The purpose of this letter is to formally document the terms of joining FXCM.

The Principle Features of the offer are as follows:

Reports to: Sebastian Oh, Vice President, Compliance

Compensation: You will be paid a gross base salary of \$55,000 per annum, payable in accordance with Company payroll procedures.

- Your position is considered a non-exempt position for purposes of federal wage-hour law, which means that you will be eligible for overtime pay for hours worked in excess of (8) in a work day or (40) in a workweek.
- Bonus will be discretionary. You must be actively employed and in good standing on the date of payment to be eligible for and to receive any bonus.

Paid Time Off: You will be entitled to 10 vacation days, 5 personal days and 6 sick days, prorated during your first year.

Benefits: Your benefits will transition from V3 to FXCM benefits as of your date of hire. These plans may include retirement savings, medical, life and other insurance programs. FXCM reserves the right to change, modify, cancel or amend any such policies or plans. Please review the enclosed Total Rewards package for more information.



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55 Water Street, 50th Floor
New York, NY 10041 USA
Tel: 212 897 7880
Fax: 212 897 7669
E-mail: admin@fxcm.com
www.fxcm.com

"At-Will" Employment

Your employment with the Company will be "at-will," which means that you may leave the Company, or the Company may require you to leave its employ, for any reason, or no reason, at any time, except as otherwise provided by law.

Company Handbook

As a condition of our offer of employment, as well as your continued employment by the Company, you must read, understand and abide by the Company's policies as outlined in the Employee Handbook. You must also complete any training that the Company determines is appropriate for your position during the course of your employment.

Pre-employment Requirements

Please note that this offer of employment and your continued employment by the Company are contingent upon the satisfactory completion of reference and background checks, drug testing, and the submission of proper authorization to work in the United States. We participate in the E-verify program, which verifies your work authorization through the U.S. Department of Homeland Security and Social Security Administration upon your start date. We encourage you to perform an online "Self Check" (<http://www.uscis.gov/self-check>) and resolve any issues prior to your start date.

Other Terms

In accepting our offer of employment, you are representing that you are not a party to any employment related restrictive covenants in connection with your current or former employment, including, but not limited to non-competition and/or non-solicitation of employees or business (clients or prospects). You further represent that you are not subject to any agreement with any current or former employer which may in any way restrict your ability to perform your duties as an employee of FXCM. Notwithstanding the foregoing, should you be subject to any employment related restrictive covenants through a current or former employer, you hereby acknowledge and agree that FXCM accepts no liability in connection with said former employer seeking to enforce the terms of such restrictive covenants and FXCM shall bear no duty or be obligated to expend any resources, financial or otherwise, in defending the enforcement of said restrictive covenant. If, however, FXCM is subjected to litigation, threats for suit or any exposed to any liability or risk as a result of said restrictive covenants, FXCM reserves the right to terminate your employment at any time "without cause" or further obligation to you. Finally, this offer letter requires your execution of the enclosed Employee Proprietary Information, Inventions, Confidentiality, Non-solicitation and Non-competition Agreement. You agree that the benefits provided in this offer letter, as well as your continued employment at FXCM, constitutes sufficient consideration for your execution of the enclosed Employee Proprietary Information, Inventions, Confidentiality, Non-solicitation and Non-competition Agreement.



FXCM
LISTED
NYSE

Forex Capital Markets, LLC
55 Water Street, 50th Floor
New York, NY 10041 USA
Tel: 212 897 7660
Fax: 212 897 7669
E-mail: admin@fxcm.com
www.fxcm.com

Kindly indicate your understanding and acceptance of our offer by signing below and returning a copy to Human Resources (Email: abailey@fxcm.com; Fax: 646-432-2959). Please also complete and return the enclosed documents along with your signed offer letter. This offer will remain in effect for one week from the date of this letter.

We look forward to you joining our team and hope you will find your employment with FXCM to be a rewarding experience. If you have any questions, please contact me at (972) 535-9063.

Sincerely,

Erin Kaiser
Human Resources Manager
Forex Capital Markets
Parkway Plaza IV
2701 Dallas Parkway, Suite 600
Plano, Texas 75093

I have reviewed and agree to the terms of the employment set forth above.

Signature: _____

Iva Jurkovic

Date: _____

02/18/2015

CURRICULAR PRACTICAL TRAINING (CPT): COOPERATIVE AGREEMENT
(FOR GRADUATE STUDENTS ONLY)

International students in F-1 status are allowed to be employed in the United States under Curricular Practical Training (CPT) when the employment is an integral (essential) part of an established curriculum. This Cooperative Education Agreement provides training objectives agreed upon by the faculty advisor, student and employer that provides an educational and work experience for the period stated. Responsibilities of the employer include providing appropriate work and training opportunities supporting the student's academic endeavor in the program of study. Responsibilities of the student include adhering to all employer policies and directives, and to apply and experience the educational learning objectives. Responsibilities of the faculty advisor include providing guidance and instruction as necessary.

STUDENT INFORMATION

Last Name: _____ First Name: _____

SID Number: _____ Period of Agreement: _____ to _____

Program of Study: **Analytics (ANLY)**

EMPLOYMENT/ACADEMIC INFORMATION

Company Name: _____

Supervisor Name: _____

Phone number: _____ Email address: _____

Program Director Name: **Dr. Majid Shaalan, Program Chair - ANLY**

Phone number: **(717) 901-5116**

Email address: **MShaalan@HarrisburgU.edu**

TRAINING OBJECTIVES

List the academic objectives achieved for the program and what skills/experiences the student is to gain:

1. Identify the opportunities, needs and constraints for data usage within an organizational context. [Applied Analytics]
2. Experience of interactions between people, processes and technologies in a real-life work environment. Communicate clearly and persuasively. [Business Communication]
3. Integrate the information technology and data science to maximize the value of data. [Data Mining]
4. Design innovative and creative data analytics solutions. [Risk Modeling]

The following parties participate in the Training Objectives:

Student Signature: _____

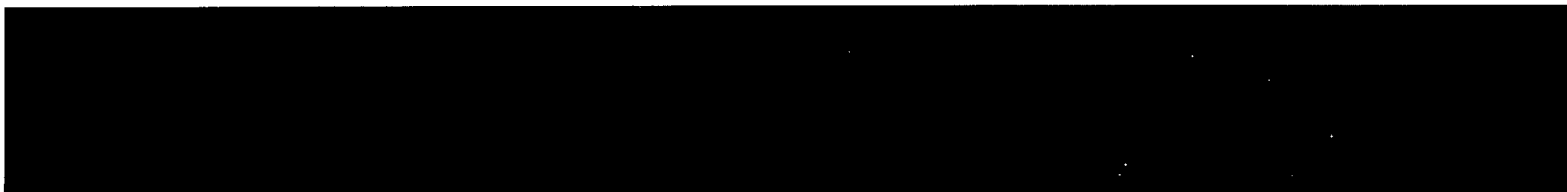
Program Director Signature:

Majid Shaalan

Ullery, Poso

Work Supervisor Signature: _____

Exhibit A7: Current CPT Cooperative Agreement



CURRICULAR PRACTICAL TRAINING (CPT): COOPERATIVE AGREEMENT
(FOR GRADUATE STUDENTS ONLY)

International students in F-1 status are allowed to be employed in the United States under Curricular Practical Training (CPT) when the employment is an integral (essential) part of an established curriculum. This Cooperative Education Agreement provides training objectives agreed upon by the faculty advisor, student and employer that provides an educational and work experience for the period stated. Responsibilities of the employer include providing appropriate work and training opportunities supporting the student's academic endeavor in the program of study. Responsibilities of the student include adhering to all employer policies and directives, and to apply and experience the educational learning objectives. Responsibilities of the faculty advisor include providing guidance and instruction as necessary.

STUDENT INFORMATION

Last Name: LUZKOVIC First Name: IVA
SID Number: 156800 Period of Agreement: 06/19/2015 to 10/13/2017
Program of Study: **Analytics (ANLY)**

EMPLOYMENT/ACADEMIC INFORMATION

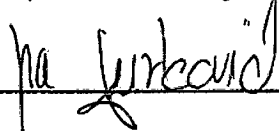
Company Name: FXCM GLOBAL SERVICES, LLC
Supervisor Name: MARGARET DEVERELL
Phone number: 646-432-2052 Email address: mdeverell@fxcm.com
Program Director Name: **Dr. Majid Shaalan, Program Chair - ANLY**
Phone number: (717) 901-5116 Email address: **MShaalan@HarrisburgU.edu**

TRAINING OBJECTIVES

List the academic objectives achieved for the program and what skills/experiences the student is to gain:

1. Identify the opportunities, needs and constraints for data usage within an organizational context. [Applied Analytics]
2. Experience of interactions between people, processes and technologies in a real-life work environment. Communicate clearly and persuasively. [Business Communication]
3. Integrate the information technology and data science to maximize the value of data. [Data Mining]
4. Design innovative and creative data analytics solutions. [Risk Modeling]

The following parties participate in the Training Objectives:

Student Signature: 

Program Director Signature: 

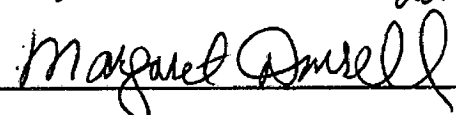
Work Supervisor Signature: 

Exhibit B: Proof of entry level position

- B1: Organizational chart showing to whom the beneficiary reports

Exhibit B1: Organizational chart showing to
whom the beneficiary reports



