

ORIGIN ID:PHKA (954) 781-1994
LAW OFFICE OF SHAYNE EPSTEIN, P.A.
THE EPSTEIN GROUP
2295 NW CORPORATE BLVD
SUITE 215
BOCA RATON, FL 33431
UNITED STATES US

SHIP DATE: 06MAR26
ACTWGT: 1.00 LB
CAD: 112438502INET4535

BILL SENDER

TO **USCIS**

ATTN: NFB (BOX 660867)
2501 S. STATE HWY, 121 BUSINESS
SUITE 400
LEWISVILLE TX 75067

58KJ2D126/484B

INV: (954) 781-1994 REF: HOMAIRA BINTA HOSSAIN

PO: DEPT:

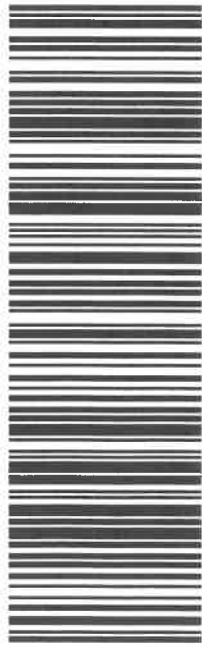


TUE - 10 MAR 5:00P
**** 2DAY ****

TRK# **8893 5761 9031**

SS KIPA

75067
TX-US DEW



After printing this label:
1. Fold the printed page along the horizontal line.
2. Place label in shipping pouch and affix it to your shipment.

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.

February 27, 2026

USCIS
Attn: NFB (Box 660867)
2501 S. State Hwy, 121 Business
Suite 400
Lewisville, TX 75067-8003

Form I-485, Application to Adjust Status, based on an approved Form I-140, Immigrant Petition for Alien Worker

Principal Applicant: Homaira Binta Hossain
Derivative Applicants: Wafi Bin Hassan

Dear Madam or Sir:

Enclosed please find the following documents we submit in connection with this application being filed by the Applicants:


I. Principal Applicant – Ms. Homaira Binta Hossain

A. Application To Adjust Status

1. Form G-28, Notice of Entry of Appearance as Attorney, duly executed;
2. Filing fees in the amount of \$1,440.00;
3. Two (2) passport style photographs;
4. Form I-485, Application to Register Permanent Residence or Adjust Status;
5. Form I-485 J, Supplement J, Confirmation of Bona Fide Job Offer or Request for Job Portability Under INA Section 204(j);
6. Copy of Form I-140, Immigrant Petition for Alien Workers, Approval Notice;
7. Copy of Applicant's Passport, Visa Page, I-94 and Valid I-20 form, evidencing lawful inspection and maintenance of legal status;
8. Copy of Birth Certificate (with English translation); and
9. Copy of Marriage Certificate (with English translation).

 info@theepsteingroup.org

 (954) 781-1994  (561) 344-5157

 2295 NW Corporate Blvd., Suite 215,
Boca Raton, Florida 33431

 /theepsteingroup

 /theepsteingroup

 /theepsteingroup

 www.theepsteingroup.org

B. Application for Employment Authorization

1. Form I-765, Application for Employment Authorization, duly executed;
2. Filing fees in the amount of \$260.00;
3. Two (2) passport style photographs;
4. Copy of Form I-140, Immigrant Petition for Alien Workers, Approval Notice; and
5. Copy of Applicant's Passport, Visa Page, I-94 and Valid I-20 form, evidencing lawful inspection and maintenance of legal status.


II. Derivative Applicants – Mr. Wafi Bin Hassan

A. Application To Adjust Status

1. Form G-28, Notice of Entry of Appearance as Attorney, duly executed;
2. Filing fees in the amount of \$1,44.00;
3. Two (2) passport style photographs;
4. Form I-485, Application to Register Permanent Residence or Adjust Status;
5. Copy of Form I-140, Immigrant Petition for Alien Workers, Approval Notice;
6. Copy of Applicant's Passport, Visa Page, I-94 and Valid I-20 form, evidencing lawful inspection and maintenance of legal status; and
7. Copy of Birth Certificate (with English translation);

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B. Application for Employment Authorization

1. Form I-765, Application for Employment Authorization, duly executed;
2. Two (2) passport style photographs;
3. Copy of Form I-140, Immigrant Petition for Alien Workers, Approval Notice;
4. Copy of Applicant's Passport, Visa Page, I-94 and Valid I-20 form, evidencing lawful inspection and maintenance of legal status; and
5. Copy of Birth Certificate (with English translation);

Should any further documents or information be needed to process this application, please do not hesitate to contact us.


Sincerely,



Shayne Epstein, Esq.
MV/rs

 info@theepsteingroup.org

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Boca Raton, Florida 33431

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Authorization for ACH Transactions

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

USCIS
Form G-1650

How To Complete Form G-1650

1. Type or print legibly in black ink.
2. Complete all sections and sign the authorization.
3. Place your Form G-1650 ON TOP of your application, petition, or request package.

NOTE: The account must be with a U.S. bank. You may need to contact your bank to permit the Department of Homeland Security to debit funds by ACH from your account (i.e., remove ACH Debit Block). The Agency Location Codes (ALC+2) for the USCIS Lockboxes are 7001010330, 7001010331, 7001010335, and 7001010390. Additional ALC+2 codes are provided in the Instructions.

NOTE: Failure to provide the requested information may result in USCIS and your financial institution not accepting the payment.

NOTE: Please see www.uscis.gov/g-1650 for additional information.

We recommend that you print or save a copy of your completed Form G-1650 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the fees and all related financial transactions are final and not refundable, regardless of any action USCIS takes on an application, petition, or request. You must submit all fees in the exact amounts. USCIS will transfer from your account the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at 1-800-375-5283. For TTY (deaf or hard of hearing) call: 1-800-767-1833.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)

Given Name (First Name)

Wafi Bin

Middle Name (if any)

Family Name (Last Name)

Hassan

Bank Account Holder Information

Business Account Personal Account

Account Holder's Name as it Appears on the Account

Given Name (First Name)

Homaira Binta

Middle Name (if any)

Family Name (Last Name)

Hossain

Business Name:

Bank Account Information

Checking Account Savings Account

Authorized Payment Amount \$ 1700.00

Routing Number: 063107513

Account Number: 1718823410

Bank Name:

Wells Fargo Bank

Authorization and Signature

Account Holder's Signature

Homaira





Authorization for ACH Transactions

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

USCIS
Form G-1650

How To Complete Form G-1650

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Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at 1-800-375-5283. For TTY (deaf or hard of hearing) call: 1-800-767-1833.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)

Given Name (First Name)

Homaira Binta

Middle Name (if any)

Family Name (Last Name)

Hossain

Bank Account Holder Information

Business Account Personal Account

Account Holder's Name as it Appears on the Account

Given Name (First Name)

Homaira Binta

Middle Name (if any)

Family Name (Last Name)

Hossain

Business Name:

Bank Account Information

Checking Account Savings Account

Authorized Payment Amount \$ 1700 .00

Routing Number: 063107513

Account Number: 1718823410

Bank Name:

Wells Fargo Bank

Authorization and Signature

Account Holder's Signature

Homaira





Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 4 2 2 4 3 5 9 4 9 9 7

Name of Attorney or Accredited Representative

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

Address of Attorney or Accredited Representative

3.a. Street Number and Name
 3.b. Apt. Ste. Flr.
 3.c. City or Town
 3.d. State 3.e. ZIP Code
 3.f. Province
 3.g. Postal Code
 3.h. Country

Contact Information of Attorney or Accredited Representative

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

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

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

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

2.b. Name of Recognized Organization

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

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

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

4.b. Name of Law Student or Law Graduate



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

Options Regarding Receipt of USCIS Notices and Documents

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

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

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

→

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

Part 5. Signature of Attorney or Accredited Representative

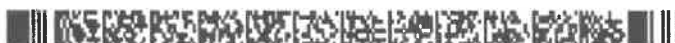
I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

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

2.a. Signature of Law Student or Law Graduate

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



Part 6. Additional Information

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

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

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

2.d. _____

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

3.d. _____

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

4.d. _____

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

5.d. _____

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

6.d. _____



FORM I-485

**Application to Register Permanent
Residence or Adjust Status**



Application to Register Permanent Residence or Adjust Status

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only		
Preference Category:	Receipt	Action Block
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	Section of Law <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 245(m) <input type="checkbox"/> INA 209(b) <input type="checkbox"/> INA 249 <input type="checkbox"/> INA 245(a) <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> INA 245(i) <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> INA 245(j) <input type="checkbox"/> Other _____	

To be completed by an Attorney or Accredited Representative (if any).			
<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) _____	Attorney State Bar Number (if applicable) 125484	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 4 2 2 4 3 5 9 4 9 9 7

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

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information.**

Part 1. Information About You (Person applying for lawful permanent residence)

1. Your Current Legal Name (Do not provide a nickname)

Family Name (Last Name) HOSSAIN	Given Name (First Name) Homaira Binta	Middle Name (if applicable) _____
------------------------------------	--	--------------------------------------

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

Family Name (Last Name) _____	Given Name (First Name) _____	Middle Name (if applicable) _____
----------------------------------	----------------------------------	--------------------------------------

3. Date of Birth (mm/dd/yyyy) 01/11/1976

Have you ever used any other date of birth? Yes No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? Yes No

If you answered "Yes," provide your A-Number.

A-Number (if any) ▶ A-

5. Have you ever used, or been assigned, any other A-Number? Yes No

If you answered "Yes," provide the A-Numbers.

6. Sex Male Female

7. Place of Birth

City or Town of Birth

Chattogram

Country of Birth

Bangladesh

8. Country of Citizenship or Nationality

Bangladesh

9. USCIS Online Account Number (if any)

▶

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival B00022427

Expiration Date of this Passport or Travel Document (mm/dd/yyyy) 03/23/2031

Country that Issued this Passport or Travel Document Bangladesh

Nonimmigrant Visa Number Used During Most Recent Arrival (if any) R0399974

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy) 07/05/2021

Place and Date of Last Arrival into the United States

City or Town

New York City

State

NY

Date of Last Arrival (mm/dd/yyyy)

10/28/2022

11. When I last arrived in the United States:

I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student):
Visitor

I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

I came into the United States without admission or parole.

Other:



Part 1. Information About You (Person applying for lawful permanent residence) (continued)

12. If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name)	Given Name (First Name)
HOSSAIN	Homaira Binta

Form I-94 Arrival/Departure Record Number ▶

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status

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

13. Was your last arrival the first time you were physically present in the United States? Yes No

14. What is your current immigration status (if it has changed since your last arrival)?

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status

16. Have you ever been issued an "alien crewman" visa? Yes No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? Yes No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any)

Street Number and Name	Apt. Ste. Flr.	Number
24151 Beatrix Blvd	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	602

City or Town	State	ZIP Code
Port Charlotte	FL	33954

Date You First Resided at This Address (mm/dd/yyyy)

Is this your current mailing address? Yes No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

In Care Of Name (if any)

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>



Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? Yes No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

Prior Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Dates of Residence

From (mm/dd/yyyy) To (mm/dd/yyyy)

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Dates of Residence

From (mm/dd/yyyy) To (mm/dd/yyyy)

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? Yes No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ►

Do you want the SSA to issue you a Social Security card? Yes No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure below**.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. Yes No



Part 2. Application Type or Filing Category

1. Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while Yes No in removal, exclusion, rescission, or deportation proceedings?

2. Receipt Number of Underlying Petition (if any) Priority Date from Underlying Petition (if any)

IOE0928118924	(mm/dd/yyyy) 07/11/2023
---------------	-------------------------

I am filing this Form I-485 as a (select **only one box**):

- Principal Applicant
- Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
HOSSAIN	HOMAIRA BINTA	

Principal Applicant's A-Number (if any) Principal Applicant's Date of Birth
▶ A-

--	--	--	--	--	--	--	--	--	--

(mm/dd/yyyy) 01/11/1976

I am **applying** based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

3.a. Family-based

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

- Spouse of a U.S. Citizen.
- Unmarried child under 21 years of age of a U.S. citizen.
- Parent of a U.S. citizen (if the citizen is at least 21 years of age).
- Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).
- Widow or widower of a U.S. citizen.
- Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

- Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.
- Married son or daughter of a U.S. citizen.
- Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

- Spouse of a lawful permanent resident.
- Unmarried child under 21 years of age of a lawful permanent resident.
- Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

- VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.
- VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.
- VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).



Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

- Alien Investor, Form I-526 or Form I-526E
- Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):
 - Alien of Extraordinary Ability
 - Outstanding Professor or Researcher
 - Multinational Executive or Manager
 - Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)
 - A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)
 - A Skilled Worker (requiring at least 2 years of specialized training or experience)
 - Any Other Worker (requiring less than 2 years of training or experience)
 - An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

- N/A (I am adjusting on the basis of a Form I-140 self-petition)
- No
- Yes

If you answered "Yes," is this relative your (select **only one** box):

- Father Mother Child Adult Son Adult Daughter Brother Sister
- None of These

Is the relative above a:

- U.S. Citizen U.S. National Lawful Permanent Resident None of These

3.c. Special Immigrant

- Special Immigrant Juvenile, Form I-360
- Certain Afghan or Iraqi National, Form I-360 or Form DS-157
- Certain International Broadcaster, Form I-360
- Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360
- Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360
- Panama Canal Zone Employees, Form I-360
- Certain Physicians, Form I-360
- Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

- Minister of Religion
- Other Religious Worker



Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy).

Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

3.e. Human Trafficking Victim or Crime Victim

Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

The Cuban Adjustment Act

A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

Lautenberg Parolees

Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

Individual Born in the United States Under Diplomatic Status

S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

Other Eligibility

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? Yes No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? Yes No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.



Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

- 1.a. I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)
- 1.b. I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.
- 1.c. I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.
- 1.d. I am applying as a VAWA self-petitioner.
- 1.e. None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.
- 1.f. None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

- 1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? Yes No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

- 2. Location of U.S. Embassy or U.S. Consulate

City or Town	Country
<input type="text"/>	<input type="text"/>

- 3. Decision (for example, approved, refused, denied, withdrawn)

- 4. Date of Decision (mm/dd/yyyy)

- 5. Have you previously applied for permanent residence while in the United States? Yes No

- 6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? Yes No

Employment and Educational History

- 7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information.**

Employer or School (current or most recent)	Name of Employer, Company, or School
<input type="text"/> Current School	<input type="text"/> Globalcom Enterprises Antares
Your Occupation (if unemployed or retired, so state)	
<input type="text"/> Student	



Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name Apt. Ste. Flr. Number
 6450 Plantation Park Court 200

City or Town State ZIP Code
 Fort Myers FL 33966

Province Postal Code Country

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy) To (mm/dd/yyyy)

If unemployed or retired, source of financial support:

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School Your Occupation (if unemployed or retired, so state)
 Chittagong Grammar School Teacher

Address of Employer, Company, or School

Street Number and Name Apt. Ste. Flr. Number
 Surson Valley,448-B Joy Nagar, Chatteswari Road

City or Town State ZIP Code
 Chattogram

Province Postal Code Country
 Chattogram 4000 Bangladesh

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy) To (mm/dd/yyyy)

If unemployed or retired, source of financial support:

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
 Hossain S.M Nowab

2. Parent 1's Name at Birth (if different than above)

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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



Part 5. Information About Your Parents (continued)

4. Country of Birth

Information About Your Parent 2

5. Parent 2's Legal Name
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

6. Parent 2's Name at Birth (if different than above)
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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

8. Country of Birth

Part 6. Information About Your Marital History

- What is your current marital status?
 Single, Never Married Married Divorced Widowed Marriage Annulled Legally Separated
- If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? N/A Yes No
- How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)?

Information About Your Current Marriage (including if you are legally separated)

4. Current Spouse's Legal Name
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

5. Current Spouse's A-Number (if any) ▶ A-
 6. Current Spouse's Date of Birth (mm/dd/yyyy)

7. Current Spouse's Country of Birth

8. Current Spouse's Current Physical Address
 Street Number and Name Apt. Ste. Flr. Number
 City or Town State ZIP Code
 Province Postal Code Country



Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town State or Province

Country

Date of Marriage to Current Spouse (mm/dd/yyyy)

10. Is your current spouse applying with you? Yes No

Information About Prior Marriages (if any)

11. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

12. Prior Spouse's Date of Birth (mm/dd/yyyy)

13. Prior Spouse's Country of Birth 14. Prior Spouse's Country of Citizenship or Nationality

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy)

16. Place of Marriage to Prior Spouse

City or Town State or Province

Country

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town State or Province

Country

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

18. How Marriage Ended with Prior Spouse (select one):

Annulled Divorced Spouse Deceased Other (Explain):

Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information.**

2. Child 1

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<input type="text" value="Hassan"/>	<input type="text" value="Wafi Bin"/>	<input type="text"/>

A-Number (if any) ► A- Date of Birth (mm/dd/yyyy)

Country of Birth

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Is this child also applying now on a separate Form I-485? Yes No

3. Child 2

Current Legal Name

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

A-Number (if any) ► A- Date of Birth (mm/dd/yyyy)

Country of Birth

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Is this child also applying now on a separate Form I-485? Yes No



Part 8. Biographic Information

1. Ethnicity (Select **only one** box)
 - Hispanic or Latino Not Hispanic or Latino
2. Race (Select **all applicable** boxes)
 - American Indian or Alaska Native Asian Black or African American
 - Native Hawaiian or Other Pacific Islander White
3. Height Feet Inches 4. Weight Pounds
5. Eye Color (Select **only one** box)
 - Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other
6. Hair Color (Select **only one** box)
 - Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9**. If you answer "Yes" to any questions (or if you answer "No," but are unsure of your answer), provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? Yes No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization
3. City or Town State or Province
Country
4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.
Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.
5. Dates of Membership or Dates of Involvement
From (mm/dd/yyyy) To (mm/dd/yyyy)

Organization 2

6. Name of Organization



Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town State or Province

Country

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

9. Dates of Membership or Dates of Involvement
 From (mm/dd/yyyy) To (mm/dd/yyyy)

- 10. Have you **EVER** been denied admission to the United States? Yes No
- 11. Have you **EVER** been denied a visa to the United States? Yes No
- 12. Have you **EVER** worked in the United States without authorization? Yes No
- 13. Have you **EVER** violated the terms or conditions of your nonimmigrant status? Yes No
- 14. Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings? Yes No
- 15. Have you **EVER** been issued a final order of exclusion, deportation, or removal? Yes No
- 16. Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated? Yes No
- 17. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? Yes No
- 18. Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation? Yes No
- 19. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? Yes No
- 20. If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement? Yes No
- 21. If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? Yes No

Criminal Acts and Violations

For Item Numbers 22. - 41., you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

- 22. Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States? Yes No



Part 9. General Eligibility and Inadmissibility Grounds (continued)

- 23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? Yes No
- 24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? Yes No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

- 25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? Yes No
- 26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? Yes No
- 27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? Yes No
- 28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? Yes No
- 29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? Yes No
- 30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? Yes No
- 31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? Yes No
- 32. Have you **EVER** received any proceeds or money from prostitution? Yes No
- 33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? Yes No
- 34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? Yes No
- 35.a. Have you **EVER** served as a foreign government official? Yes No
- 35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? Yes No
- 36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? Yes No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

- 37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Yes No
 Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

- 38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Yes No
- 39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? Yes No
- 40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? Yes No
- 41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? Yes No

Security and Related

- Do you intend to:
- 42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? Yes No
 - 42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No
 - 42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? Yes No
 - 42.d. Engage in any other unlawful activity? Yes No

- Have you **EVER**:
- 43.a. Received any weapons training, paramilitary training, or other military-type training? Yes No
 - 43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? Yes No
 - 43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? Yes No
 - 43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? Yes No
 - 43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.**? Yes No
 - 43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
 - 43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
 - 43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
 - 43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
 - 44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.**? Yes No
 - 45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? Yes No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information.**



Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.** Yes No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information.**

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? Yes No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? Yes No

49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? Yes No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? Yes No

If you answered "Yes" to **Item Number 50. or 51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information.**

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? Yes No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

53.a. Torture? Yes No

53.b. Genocide? Yes No

53.c. Killing, or trying to kill, any person? Yes No

53.d. Intentionally and severely injuring or trying to injure any person? Yes No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? Yes No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? Yes No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information.**



Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, Public Charge** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):
- VAWA Self-Petitioner (Form I-360)
 - Special Immigrant Juvenile (Form I-360)
 - Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
 - Asylee (Form I-589 or Form I-730)
 - Refugee (Form I-590 or Form I-730)
 - Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
 - Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
 - Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
 - Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
 - Cuban Adjustment Act
 - Cuban Adjustment Act for Battered Spouses and Children
 - Dependent Status under the Haitian Refugee Immigrant Fairness Act
 - Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
 - Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
 - A Lautenberg Parolee
 - National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
 - Continuous Residence in the United States Since Before January 1, 1972 ("Registry")
 - Amerasian Homecoming Act
 - Polish or Hungarian Parolee
 - Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
 - American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
 - Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)



Part 9. General Eligibility and Inadmissibility Grounds (continued)

- Syrian National Adjusting Status under Public Law 106-378
- Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)
- I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.**, go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

57. What is the size of your household?

58. Indicate your annual household income.
 \$0-27,000 \$27,001-52,000 \$52,001-85,000 \$85,001-141,000 Over \$141,000

59. Identify the total value of your household assets.
 \$0-18,400 \$18,401-136,000 \$136,001-321,400 \$321,401-707,100 Over \$707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).
 \$0 \$1-10,100 \$10,101-57,700 \$57,701-186,800 Over \$186,800

61. What is the highest degree or grade of school you have completed?

Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

High school diploma, GED, or alternative credential 1 or more years of college credit, no degree

Associate's degree Bachelor's degree Master's degree Professional degree (JD, MD, DMD, etc.)

Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications
Food Safety Certificate

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context but which also exist under other names)? Yes No
64. Have you ever received long-term institutionalization at government expense? Yes No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Illegal Entries and Other Immigration Violations

67. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? Yes No

NOTE: If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? Yes No

69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? Yes No

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? Yes No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? Yes No

72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? Yes No

73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? Yes No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? Yes No

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? Yes No



Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. Yes No

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information.**

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? Yes No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

78.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. Yes No

78.b. Having been deported, excluded, or removed from the United States? Yes No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? Yes No

80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? Yes No

81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? Yes No

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? Yes No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? Yes No

Have you **EVER**:

84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? Yes No

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? Yes No

84.c. Been convicted of desertion from the U.S. armed forces? Yes No

85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? Yes No

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?



Part 10. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

- 1. Applicant's Daytime Telephone Number
- 2. Applicant's Mobile Telephone Number (if any)
- 3. Applicant's Email Address (if any)

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

- 4. Applicant's Signature Date of Signature (mm/dd/yyyy)

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

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

Interpreter's Contact Information

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

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

- 6. Interpreter's Signature Date of Signature (mm/dd/yyyy)



Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

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

Preparer's Contact Information

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

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

- 6. Preparer's Signature Date of Signature (mm/dd/yyyy)

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, numbered through , are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, on numbered pages through are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink) USCIS Officer's Signature (sign in ink)



Part 14. Additional Information

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

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

2. Page Number Part Number Item Number

Address: 737 Columbia St, Port Charlotte FL 33948; From: October 15, 2023 To: Mar 17, 2024
 Address: 21150 Gertrude Ave, Apt L2, Port Charlotte, FL 33952; From: September 01, 2023 To: October 14, 2023
 Address: 1103 SE 16th Place, Cape Coral, FL 33990; From: October 28, 2022 To: August 31, 2023

3. Page Number Part Number Item Number

School: UCEDA English School
 Address: 3401 S Congress Ave., Suite 201/202 , Palm Springs, FL 33461, United States
 From: 03/13/2023 To: 06/26/2024

4. Page Number Part Number Item Number

My B1/B2 visa application was denied on February 18, 2020; however, I was subsequently approved for a B1/B2 visa in July 05, 2021.

5. Page Number Part Number Item Number





Supplement J, Confirmation of Valid Job Offer or Request for Job Portability Under INA Section 204(j)

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only	Fee Receipt	Action Block

NOTE: Use Form I-485, Supplement J, Confirmation of Valid Job Offer or Request for Job Portability Under INA Section 204(j) (Supplement J), to either confirm that the job offered to you in Form I-140, Immigrant Petition for Alien Worker, that is the basis of your Form I-485, Application to Register Permanent Residence or Adjust Status, remains available to you or to request job portability under the Immigration and Nationality Act (INA) section 204(j).

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

NOTE TO ALL APPLICANTS: If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

IMPORTANT: The applicant completes **Parts 1., 2., and 3.**

Part 1. Reason for Filing Supplement J

1. This supplement is being filed to (Select **only one** box):
- Confirm that the job offered to you in the Form I-140, that is the basis of your Form I-485, remains a valid job offer that you intend to accept once your Form I-485 is approved.
 - Request job portability under INA section 204(j) to a new, full-time, permanent job offer that you intend to accept once your Form I-485 is approved.

Part 2. Information About You (Applicant)

1. Your Current Legal Name (do not provide a nickname)
- | | | |
|-------------------------|-------------------------|-----------------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
| Hossain | Homaira Binta | |
2. U.S. Mailing Address
- In Care Of Name (if any)
-
- | | | | | |
|------------------------|-------------------------------------|--------------------------|--------------------------|--------|
| Street Number and Name | Apt. | Ste. | Flr. | Number |
| 24151 Beatrix Blvd | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 602 |
| City or Town | State | | ZIP Code | |
| Port Charlotte | FL | | 33954 | |

Other Information

3. Alien Registration Number (A-Number) (if any) 4. USCIS Online Account Number (if any)
- ▶ A-

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Part 2. Information About You (Applicant) (continued)

5. Date of Birth (mm/dd/yyyy) 6. Country of Birth

Basic Information About Your Form I-485 and the Underlying Form I-140

7. Form I-485 Receipt Number (if already filed with USCIS)
8. Form I-485 Filing Date (if already filed with USCIS) (mm/dd/yyyy)
9. Form I-140 Receipt Number
10. Has your Form I-140 been approved? Yes No Unknown

Part 3. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number 2. Applicant's Mobile Telephone Number (if any)
3. Applicant's Email Address (if any)

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my supplement, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 4., understood, all of the responses and information contained in, and submitted with, my supplement, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature Date of Signature (mm/dd/yyyy)

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

Interpreter's Full Name

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



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

Interpreter's Contact Information

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

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the supplement and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the supplement.

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

Part 5. Contact Information, Certification, and Signature of the Person Preparing Parts 1. - 4. of this Supplement, if Other Than the Applicant

Preparer's Full Name

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

Preparer's Contact Information

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

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared **Parts 1. - 4.** of this supplement for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the supplement are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the supplement.

6. Preparer's Signature Date of Signature (mm/dd/yyyy)

IMPORTANT: The employer confirming an existing valid job offer or offering the applicant a new, permanent job must complete **Parts 6., 7., and 8.**



Part 6. Information About the Employer

1. Type of employer (Select **only one** box): Business/Organization Self/Individual

Employer's U.S. Mailing Address

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

City or Town State ZIP Code

Employer's U.S. Physical Address

Provide the physical address where the applicant will work if different from the employer's mailing address in **Item Number 3.** or the address provided in Form I-140 on which the applicant's Form I-485 is based.

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

City or Town State ZIP Code

Information About the Business Entity Employer

If you, the employer, are a business entity, provide the information requested in **Item Numbers 4. - 12.**

4. Business or Organization Name 5. Employer Identification Number

6. Type of Business Entity 7. Type of Business Activity

8. Date Established (mm/dd/yyyy) 9. Current Number of U.S. Employees 10. Gross Annual Income \$

11. Net Annual Income \$ 12. NAICS Code

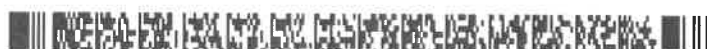
Information About the Individual Employer (if applicable)

13. Your Current Legal Name (do not provide a nickname)

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

14. Date of Birth (mm/dd/yyyy) 15. U.S. Social Security Number (if any)

16. Annual Income \$ 17. Occupation



Part 7. Information About the Job Offer

You, the employer, must provide the information requested in **Part 7**.

1. Job Title 2. Standard Occupational Classification (SOC) Code -

3. Nontechnical Description of Job (If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**)

Ask customers if they are interested in purchasing additional items. Be professional, friendly, and helpful to customers. Follow Company policies, as well as comply with all Federal and State laws. Work alone in the evening or with others. Use Point of Sale system and properly account for all cash. Accurately prepare the daily paperwork and handle lottery, money order, money transfer and other types of retail transactions. Be exposed to cold and hot temperature extremes in the walk-in cooler, freezer and/or outdoors. Be able to stand, stoop and/or walk for an entire shift and be able to bend at the waist with some twisting. Be able to reach, grasp and manipulate objects with hands continuously throughout the day. Review all invoices/charges relative to each delivery of food. Identify and verify each food shipment contains all items were delivered and appropriately refrigerated. Efficiently utilize all equipment in the store (POS system, Fuel Tanks and Dispensers, etc.). Maintain property and equipment to ensure customers and employees have a safe environment in which to work and shop. Follow all Company Safety and Loss Prevention procedures including wearing appropriate safety equipment. Responsible for food safety and rotating inventory. Has control over food storage, preparation, display, and service of foods.

4. Is this a full-time position? Yes No
5. If you answered "No," provide the number of hours per week the applicant will work in this position.
6. Is this a permanent position? Yes No
7. Wages Offered (Specify hour, week, month, or year) \$ per
8. Is the applicant named in **Part 2**. of this supplement currently employed by you? Yes No
9. If you answered "Yes," when did the applicant begin employment with you (mm/dd/yyyy)?

Part 8. Contact Information, Certification, and Signature of the Individual Employer or Authorized Signatory of the Business Entity Employer

Individual Employer's or Authorized Signatory's Contact Information

1. Individual Employer's or Authorized Signatory's Family Name (Last Name) Individual Employer's or Authorized Signatory's Given Name (First Name)
2. Individual Employer's or Authorized Signatory's Title



Part 8. Contact Information, Certification, and Signature of the Individual Employer or Authorized Signatory of the Business Entity Employer (continued)

3. Individual Employer's or Authorized Signatory's Daytime Telephone Number
4. Individual Employer's or Authorized Signatory's Mobile Telephone Number (if any)
5. Individual Employer's or Authorized Signatory's Email Address (if any)

Individual Employer's or Authorized Signatory's Certification and Signature

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

- I reviewed and provided or authorized all of the responses and information in my supplement;
- I understood all of the responses and information contained in, and submitted with, my supplement; and
- All of the responses and information were complete, true, and correct at the time of filing.

Furthermore, I authorize the release of any information from any and all of my records as authorized signatory and the individual employer's records that USCIS may need to determine the individual employer's eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

6. Signature of Individual Employer or Authorized Signatory
- Date of Signature (mm/dd/yyyy)

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

Interpreter's Full Name

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

Interpreter's Contact Information

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



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

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and ,
and I have interpreted every question on the supplement and Instructions and interpreted the individual employer's or authorized signatory's answers to the questions in that language, and the individual employer or authorized signatory informed me that they understood every instruction, question, and answer on the supplement.

Interpreter's Signature

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



Part 10. Additional Information

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

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

2. A-Number (if any) ▶ A-

3. Page Number Part Number Item Number

4. Page Number Part Number Item Number

5. Page Number Part Number Item Number

6. Page Number Part Number Item Number



THE UNITED STATES OF AMERICA

I-797 | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number IOE0928118924		Case Type I140 - IMMIGRANT PETITION FOR ALIEN WORKER
Received Date 10/10/2024	Priority Date 07/11/2023	Petitioner CAPE CORAL PETROLEUM INC
Notice Date 11/19/2024	Page 1 of 1	Beneficiary HOSSAIN, HOMAIRA BINTA

CAPE CORAL PETROLEUM INC
c/o TAMANNA AHMED
2231 DEL PRADO BLVD S
CAPE CORAL FL. 33990

Notice Type: Approval Notice
Section: Skilled Worker, Sec. 203(b)(3)(A)(i)
Consulate: DHAKA
ETA Case Number: G20023192181389
SOC Code: 41-2011

The above petition has been approved. We have sent it to the Department of State National Visa Center (NVC), 32 Rochester Avenue, Portsmouth, NH 03801-2909. NVC processes all approved immigrant visa petitions that need consular action. It also determines which consular post is the appropriate consulate to complete visa processing. The NVC will then forward the approved petition to that consulate.

This completes all USCIS action on this petition. You should allow a minimum of 30 days for Department of State processing before contacting the NVC. If you have not received any correspondence from the NVC within 30 days, you may contact the NVC by e-mail at NVCINQUIRY@state.gov. You will need to enter the USCIS receipt number from this approval notice in the subject line. In order to receive information about your petition, you will need to include the Petitioner's name and date of birth, and the Applicant's name and date of birth, in the body of the e-mail.

The NVC will contact the person for whom you are petitioning concerning further immigrant visa processing steps. The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

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

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

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

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

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

Texas Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
6046 N Belt Line Rd., STE 110
Living TX 75038-0012

USCIS Contact Center: www.uscis.gov/contactcenter





For: **HOMAIRA BINTA HOSSAIN**



Most Recent I-94

Admission (I-94) Record Number : 100400026A3

Most Recent Date of Entry: 2022 October 28

Class of Admission : B2

Admit Until Date : 04/27/2023

Details provided on the I-94 Information form:

Last/Surname : HOSSAIN
First (Given) Name : HOMAIRA BINTA
Birth Date : 1976 January 11
Document Number : B00022427
Country of Citizenship : Bangladesh

[Get Travel History](#)

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

► **Note:** For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111
Expiration Date: 11/30/2022

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

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

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number LIN2390132043		Case Type I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
Received Date 03/13/2023	Priority Date	Applicant HOSSAIN, HOMAIRA BINTA
Notice Date 06/22/2023	Page 1 of 1	Beneficiary HOSSAIN, HOMAIRA BINTA

LAW OFFICE OF SHAYNE J EPSTEIN
c/o MARINA VEIGA
2295 NW CORPORATE BLVD STE 215
BOCA RATON FL 33431

Notice Type: Approval Notice
Class: F1
Valid from 06/22/2023 to Duration of Status(DS)

The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status, for the applicant(s) named, is also listed above.

An updated I-94 is included in the lower portion of this notice. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States.

If any person included in this application must depart the U.S., he or she may wish to take this notice with them to facilitate their return to this status. He or she must obtain a new visa in the new classification before returning to the U.S.

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

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

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

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

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



USCIS Contact Center: www.uscis.gov/contactcenter

PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# LIN2390132043
I-94# 100400026 A3
NAME HOSSAIN, HOMAIRA BINTA
CLASS F1
VALID FROM 06/22/2023 **UNTIL** Duration of Status (DS)

APPLICANT
HOSSAIN, HOMAIRA BINTA
21150 GERTRUDE AVENUE APT L2
PT CHARLOTTE FL 33952

100400026 A3
Receipt Number LIN2390132043
US Citizenship and Immigration Services

I94 Departure Record
Applicant: HOSSAIN, HOMAIRA BINTA

14. Family Name HOSSAIN	
15. First (Given) Name HOMAIRA BINTA	16. Date of Birth 01/11/1976
17. Country of Citizenship BANGLADESH	

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON CHANGE OF STATUS	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Uceda Uceda School of West Palm Beach	SCHOOL ADDRESS 3401 S. Congress Ave., Suite 201/202, Palm Springs, FL 33461
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Noelia Ortega Senior International Advisor/DSO	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 11 FEBRUARY 2023
START OF CLASSES 13 MARCH 2023	PROGRAM START/END DATE 13 MARCH 2023 - 13 MARCH 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 6,000	Personal Funds	\$ 0
Living Expenses	\$ 6,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 3,000	Sponsor	\$ 15,520
Books	\$ 520	On-Campus Employment	\$
TOTAL	\$ 15,520	TOTAL	\$ 15,520

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.

<input checked="" type="checkbox"/> SIGNATURE OF: Noelia Ortega, Senior International Advisor/DSO	DATE ISSUED 10 February 2023	PLACE ISSUED Palm Springs, FL
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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.

<input checked="" type="checkbox"/> SIGNATURE OF: Homaira Binta Hossain	DATE 10 February 2023
<input checked="" type="checkbox"/> SIGNATURE	DATE
NAME OF PARENT OR GUARDIAN	ADDRESS (city/state or province/country)
SIGNATURE	DATE

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

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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

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
		X		
		X		
		X		
		X		

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON CHANGE OF STATUS	ADMISSION NUMBER	

SCHOOL INFORMATION	
SCHOOL NAME Uceda Uceda School of West Palm Beach	SCHOOL ADDRESS 3401 S. Congress Ave., Suite 201/202, Palm Springs, FL 33461
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Noelia Ortega Senior International Advisor/DSO	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010

PROGRAM OF STUDY		
EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 27 MAY 2023
START OF CLASSES 26 JUNE 2023	PROGRAM START/END DATE 26 JUNE 2023 - 26 JUNE 2024	

FINANCIALS	
ESTIMATED AVERAGE COSTS FOR: 12 MONTHS	STUDENT'S FUNDING FOR: 12 MONTHS
Tuition and Fees \$ 6,000	Personal Funds \$ 0
Living Expenses \$ 6,000	Funds From This School \$
Expenses of Dependents (1) \$ 3,000	Sponsor \$ 15,520
Books \$ 520	On-Campus Employment \$
TOTAL \$ 15,520	TOTAL \$ 15,520

REMARKS

SCHOOL ATTESTATION

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

X _____ **DATE ISSUED** 06 June 2023 **PLACE ISSUED** Palm Springs, FL

SIGNATURE OF: Noelia Ortega, Senior International Advisor/DSO

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 Homaira _____ **DATE** 06 June 2023

SIGNATURE OF: Homaira Binta Hossain

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

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

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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

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
		X		
		X		
		X		
		X		

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission <h1>F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON CONTINUED ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Uceda Uceda School of West Palm Beach	SCHOOL ADDRESS 3401 S. Congress Ave., Suite 201/202, Palm Springs, FL 33461
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Karen Campoverde Balladares Senior Representative/DSO	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 03 JUNE 2023
START OF CLASSES 03 JULY 2023	PROGRAM START/END DATE 03 JULY 2023 - 26 JUNE 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 6,000	Personal Funds	\$ 0
Living Expenses	\$ 6,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 3,000	Sponsor	\$ 15,520
Books	\$ 520	On-Campus Employment	\$
TOTAL	\$ 15,520	TOTAL	\$ 15,520

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.

<input checked="" type="checkbox"/>	DATE ISSUED 29 June 2023	PLACE ISSUED Palm Springs, FL
SIGNATURE OF: Karen Campoverde Balladares, Senior Representative/DSO		

STUDENT ATTESTATION

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

<input checked="" type="checkbox"/>	SIGNATURE OF: Homaira Binta Hossain	DATE 29 June 2023
<input checked="" type="checkbox"/>	SIGNATURE	DATE
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)
		DATE

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

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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
03 JULY 2023	21 AUGUST 2023

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
		X		
		X		
		X		
		X		

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission <h1>F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON Transfer Pending - Uceda	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL ADDRESS 66 W FLAGLER ST FL 9, MIAMI, FL 33130
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kara Richardson Admissions Coordinator	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 28 MAY 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

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.

<input checked="" type="checkbox"/> <u>Kara Richardson</u>	DATE ISSUED	PLACE ISSUED
SIGNATURE OF: Kara Richardson, Admissions Coordinator	20 May 2024	MIAMI, FL

STUDENT ATTESTATION

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

<input checked="" type="checkbox"/> <u>Homaira</u>	<u>02.04.26</u>
SIGNATURE OF: Homaira Binta Hossain	DATE
X	
NAME OF PARENT OR GUARDIAN	SIGNATURE
	ADDRESS (city/state or province/country)
	DATE

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE

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
		X		
		X		
		X		
		X		

Homaira
HOMAIRA BINTA HOSSAIN

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission <h1 style="font-size: 2em;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON Transfer Pending - Uceda	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL ADDRESS 66 W FLAGLER ST FL 9, MIAMI, FL 33130
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kara Richardson Admissions Coordinator	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 28 MAY 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

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 Kara Richardson **DATE ISSUED** 20 May 2024 **PLACE ISSUED** MIAMI, FL
SIGNATURE OF: Kara Richardson, Admissions Coordinator

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 Homaira **DATE** 20 May 2024
SIGNATURE OF: Homaira Binta Hossain

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

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

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CHANGE OF STATUS/CAP-GAP EXTENSION

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AUTHORIZED REDUCED COURSE LOAD

--

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE

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
		X		
		X		
		X		
		X		

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON CONTINUED ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL ADDRESS 66 W FLAGLER ST FL 9, MIAMI, FL 33130
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kara Richardson Admissions Coordinator	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 30 NOVEMBER 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

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 Kara Richardson **DATE ISSUED** 16 April 2025 **PLACE ISSUED** MIAMI, FL
SIGNATURE OF: Kara Richardson, Admissions Coordinator

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 Homaira 16 April 2025
SIGNATURE OF: Homaira Binta Hossain **DATE**

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

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE

07 APRIL 2025

CURRENT SESSION END DATE

27 JUNE 2025

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
		X		
		X		
		X		
		X		

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission <h1>F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON CONTINUED ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL ADDRESS 66 W FLAGLER ST FL 9, MIAMI, FL 33130
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kara Richardson Admissions Coordinator	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 30 DECEMBER 2029	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

REMARKS

Vacation

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 Kara Richardson **DATE ISSUED** 29 September 2025 **PLACE ISSUED** MIAMI, FL
SIGNATURE OF: Kara Richardson, Admissions Coordinator

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 Homaira 29 September 2025
SIGNATURE OF: Homaira Binta Hossain **DATE**

NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE
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SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

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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
07 JULY 2025	19 SEPTEMBER 2025

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
		X		
		X		
		X		
		X		

People's Republic of Bangladesh
Office of the Registrar of Birth and Death
Ward-15
Chattogram City Corporation, Chattogram
Birth Certificate

[Rule-9, of Birth and Death Registration (City Corporation) Rules, 2006]
(Extract from Birth Register)

Register No: 8

Date of Registration: 31-07-2018

Date of Issue: 31-07-2018

Birth Registration No:*

1	9	7	6	1	5	9	1	6	1	5	1	0	7	0	4	7
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Name: HOMAIRA BINTA HOSSAIN

Date of Birth: 11-01-1976

Sex: Female

Eleventh January Nineteen Hundred Seventy Six

Place of Birth: CHATTOGRAM, BANGLADESH.

Father's Name: S M NOWAB HOSSAIN


Nationality: Bangladeshi

Mother's Name: KHALIDA FARUQUE HOSSAIN

Nationality: Bangladeshi

Permanent Address: Vill-Brahmangram, P.o-Dhukuria Bera,
P.s-Belkuchi, Dist- Sirajganj, Bangladesh.

Present Address: Sanmar Silver Spring(Flat-3E),1142,MehediBag,
Dampara, Kotwali, Chattogram, Bangladesh.


(Authorized Person - Seal and Signature)

31/07/18
31/07/18
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31/07/18
31/07/18



(Seal of the Registrar's Office)

(Signature and Name of Registrar with Seal)

MD. GIASH UDDIN
Councillor
31/07/18
31/07/18
31/07/18
31/07/18
31/07/18
31/07/18
31/07/18
31/07/18
31/07/18

*First four digits represent year of birth next seven digits area code and last six digits are person's serial number



Government of the People's Republic of Bangladesh
OFFICE OF THE MUSLIM MARRIAGE REGISTER & KAZI

Chittagong City Corporation, 15 No. Bagmoniram Ward, Kazir Dewari, Chittagong, Bangladesh.

SI No. 575
 Volume No. 61.800.3.A.D.
 Page No. 84-A

Marriage Certificate

This is to certify that *A. S. M. Robiul Hasan*..... son of *Late. Akbar Sobhan Miah*.....
 Village *Kutub Baidyan Gawan*.... Post Office *Dhakshinaberna*... Police Station *Bekuchi*.....
 District *Srangganj*..... date of birth *15.02.1970 A.D.*..... has married *Homena Binta Hossain*
 Daughter of *Professor Dr. S. M. Nawab Hossain*.... Village *Narpana (Patiyapara) Post Office*.....
 Police Station *Barzaga*..... District *Chittagong*..... date of birth *11-01-1976 A.D.*.....
 The Marriage was REGISTERED in my office on the *05.12.2003 A.D.*... and also marriage dated
 *05.12.2003 A.D.*..... of the Christian Era.

SIGNATURE

 KAZI MOULANA MOHAMMED GIAS UDDIN
 MUSLIM MARRIAGE REGISTER & KAZI
 15 No. Bagmoniram Ward.
 Chittagong City Corporation, Chittagong.

FORM I-765

Application for Employment
Authorization



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block										
	<input type="checkbox"/> Authorization/Extension Valid Through												
	Alien Registration Number A-	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
Remarks													

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) 125484	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 4 2 2 4 3 5 9 4 9 9 7
--	---	---	---

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

Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.
- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6.

Additional Information.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

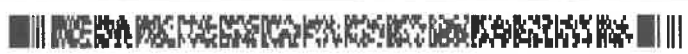
3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name



Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
- 5.b. Street Number and Name
- 5.c. Apt. Ste. Flr.
- 5.d. City or Town
- 5.e. State 5.f. ZIP Code
6. Is your current mailing address the same as your physical address?
 Yes No

NOTE: If you answered "No" to Item Number 6., provide your physical address below.

U.S. Physical Address

- 7.a. Street Number and Name
- 7.b. Apt. Ste. Flr.
- 7.c. City or Town
- 7.d. State 7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A-
9. USCIS Online Account Number (if any)
▶
10. Sex Male Female
11. Marital Status
 Single Married Divorced Widowed
12. Have you previously filed Form I-765?
 Yes No
13. Provide your Social Security number (SSN) (if known).
▶

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information.**

- 14.a. Country
- 14.b. Country



Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

- 15.a. City/Town/Village of Birth
Chattogram
- 15.b. State/Province of Birth
Chattogram
- 15.c. Country of Birth
Bangladesh
- 16. Date of Birth (mm/dd/yyyy) 01/11/1976

Information About Your Last Arrival in the United States

- 17. Form I-94 Arrival-Departure Record Number (if any)
▶ 1 0 0 4 0 0 0 2 6 A 3
- 18. Passport Number of Your Most Recently Issued Passport
B00022427
- 19. Travel Document Number (if any)
- 20. Country That Issued Your Passport or Travel Document
Bangladesh
- 21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 03/23/2031
- 22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 10/28/2022
- 23. Place of Your Last Arrival Into the United States
New York City NY
- 24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
B-2 Visitor
- 25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
F1 Student
- 26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
▶ N- 0033960693

Information About Your Eligibility Category

- 27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).
(C) (0) (9)
- 28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**
 - 28.a. Degree
 - 28.b. Employer's Name as Listed in E-Verify
 - 28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
- 29. **(c)(26) Eligibility Category.** If you entered the eligibility category **(c)(26)** in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.
▶
- 30. **(c)(8) Eligibility Category.** If you entered the eligibility category **(c)(8)** in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?
 Yes No
NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.
- 31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category **(c)(35)** in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category **(c)(36)** in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.
▶
- 31.b. If you entered the eligibility category **(c)(35)** or **(c)(36)** in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?
 Yes No
NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

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

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

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

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in Part 4. read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2. At my request, the preparer named in Part 5., , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)
6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

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

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

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application; and
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

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

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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



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

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

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

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

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



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

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

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

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

Preparer's Signature

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



THE UNITED STATES OF AMERICA

I-797 | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number IOE0928118924		Case Type I140 - IMMIGRANT PETITION FOR ALIEN WORKER
Received Date 10/10/2024	Priority Date 07/11/2023	Petitioner CAPE CORAL PETROLEUM INC
Notice Date 11/19/2024	Page 1 of 1	Beneficiary HOSSAIN, HOMAIRA BINTA

CAPE CORAL PETROLEUM INC
c/o TAMANNA AHMED
2231 DEL PRADO BLVD S
CAPE CORAL, FL. 33990

Notice Type: Approval Notice
Section: Skilled Worker, Sec.203(b)(3)(A)(i)
Consulate: DHAKA
ETA Case Number: G20023192181389
SOC Code: 41-2011

The above petition has been approved. We have sent it to the Department of State National Visa Center (NVC), 32 Rochester Avenue, Portsmouth, NH 03801-2909. NVC processes all approved immigrant visa petitions that need consular action. It also determines which consular post is the appropriate consulate to complete visa processing. The NVC will then forward the approved petition to that consulate.

This completes all USCIS action on this petition. You should allow a minimum of 30 days for Department of State processing before contacting the NVC. If you have not received any correspondence from the NVC within 30 days, you may contact the NVC by e-mail at NVCINQUIRY@state.gov. You will need to enter the USCIS receipt number from this approval notice in the subject line. In order to receive information about your petition, you will need to include the Petitioner's name and date of birth, and the Applicant's name and date of birth, in the body of the e-mail.

The NVC will contact the person for whom you are petitioning concerning further immigrant visa processing steps. The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

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

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

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

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

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

Texas Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
6046 N Belt Line Rd., STE 110
Irving TX 75038-0012

USCIS Contact Center: www.uscis.gov/contactcenter



 For: **HOMAIRA BINTA HOSSAIN**



Most Recent I-94

Admission (I-94) Record Number : 100400026A3

Most Recent Date of Entry: 2022 October 28

Class of Admission : B2

Admit Until Date : 04/27/2023

Details provided on the I-94 Information form:

Last/Surname : HOSSAIN
First (Given) Name : HOMAIRA BINTA
Birth Date : 1976 January 11
Document Number : B00022427
Country of Citizenship : Bangladesh

[Get Travel History](#)

▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111
Expiration Date: 11/30/2022

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

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



I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number LIN2390132043		Case Type I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS	
Received Date 03/13/2023	Priority Date	Applicant HOSSAIN, HOMAIRA BINTA	
Notice Date 06/22/2023	Page 1 of 1	Beneficiary HOSSAIN, HOMAIRA BINTA	

LAW OFFICE OF SHAYNE J EPSTEIN c/o MARINA VEIGA 2295 NW CORPORATE BLVD STE 215 BOCA RATON FL 33431	Notice Type: Approval Notice Class: F1 Valid from 06/22/2023 to Duration of Status(DS)
--	--

The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status, for the applicant(s) named, is also listed above.

An updated I-94 is included in the lower portion of this notice. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States.

If any person included in this application must depart the U.S., he or she may wish to take this notice with them to facilitate their return to this status. He or she must obtain a new visa in the new classification before returning to the U.S.

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

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

Please see the additional information on the back. You will be notified separately about any other cases you filed.
USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

Nebraska Service Center U. S. CITIZENSHIP & IMMIGRATION SVC P.O. Box 82521 Lincoln NE 68501-2521 USCIS Contact Center: www.uscis.gov/contactcenter	
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PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# LIN2390132043
I-94# 100400026 A3
NAME HOSSAIN, HOMAIRA BINTA
CLASS F1
VALID FROM 06/22/2023 **UNTIL** Duration of Status (DS)

APPLICANT
HOSSAIN, HOMAIRA BINTA
21150 GERTRUDE AVENUE APT L2
PT CHARLOTTE FL 33952

100400026 A3	
Receipt Number LIN2390132043	
US Citizenship and Immigration Services	
I94 Departure Record	
Applicant: HOSSAIN, HOMAIRA BINTA	
14. Family Name HOSSAIN	
15. First (Given) Name HOMAIRA BINTA	16. Date of Birth 01/11/1976
17. Country of Citizenship BANGLADESH	

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON CHANGE OF STATUS	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Uceda Uceda School of West Palm Beach	SCHOOL ADDRESS 3401 S. Congress Ave., Suite 201/202, Palm Springs, FL 33461
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Noelia Ortega Senior International Advisor/DSO	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 11 FEBRUARY 2023
START OF CLASSES 13 MARCH 2023	PROGRAM START/END DATE 13 MARCH 2023 - 13 MARCH 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 6,000	Personal Funds	\$ 0
Living Expenses	\$ 6,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 3,000	Sponsor	\$ 15,520
Books	\$ 520	On-Campus Employment	\$
TOTAL	\$ 15,520	TOTAL	\$ 15,520

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 <u>Noelia Ortega, Senior International</u> Advisor/DSO	DATE ISSUED 10 February 2023	PLACE ISSUED Palm Springs, FL
---	--	---

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: <u>Homaira</u>	DATE <u>10 February 2023</u>		
SIGNATURE OF: Homaira Binta Hossain	DATE		
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

--

CHANGE OF STATUS/CAP-GAP EXTENSION

--

AUTHORIZED REDUCED COURSE LOAD

--

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE

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
		X		
		X		
		X		
		X		

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admsion F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON CHANGE OF STATUS	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Uceda Uceda School of West Palm Beach	SCHOOL ADDRESS 3401 S. Congress Ave., Suite 201/202, Palm Springs, FL 33461
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Noelia Ortega Senior International Advisor/DSO	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 27 MAY 2023
START OF CLASSES 26 JUNE 2023	PROGRAM START/END DATE 26 JUNE 2023 - 26 JUNE 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 6,000	Personal Funds	\$ 0
Living Expenses	\$ 6,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 3,000	Sponsor	\$ 15,520
Books	\$ 520	On-Campus Employment	\$
TOTAL	\$ 15,520	TOTAL	\$ 15,520

REMARKS

SCHOOL ATTESTATION

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

X _____ **DATE ISSUED** 06 June 2023 **PLACE ISSUED** Palm Springs, FL

SIGNATURE OF: Noelia Ortega, Senior International Advisor/DSO

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 Homaira 06 June 2023

SIGNATURE OF: Homaira Binta Hossain **DATE**

_____ X _____

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

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

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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
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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
		X		
		X		
		X		
		X		

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission <h1 style="font-size: 2em;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON CONTINUED ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Uceda Uceda School of West Palm Beach	SCHOOL ADDRESS 3401 S. Congress Ave., Suite 201/202, Palm Springs, FL 33461
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Karen Campoverde Balladares Senior Representative/DSO	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 03 JUNE 2023
START OF CLASSES 03 JULY 2023	PROGRAM START/END DATE 03 JULY 2023 - 26 JUNE 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 6,000	Personal Funds	\$ 0
Living Expenses	\$ 6,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 3,000	Sponsor	\$ 15,520
Books	\$ 520	On-Campus Employment	\$
TOTAL	\$ 15,520	TOTAL	\$ 15,520

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.

<input checked="" type="checkbox"/>	DATE ISSUED 29 June 2023	PLACE ISSUED Palm Springs, FL
SIGNATURE OF: <u>Karen Campoverde Balladares, Senior Representative/DSO</u>		

STUDENT ATTESTATION

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

<input checked="" type="checkbox"/>	DATE 29 June 2023
SIGNATURE OF: <u>Homaira Binta Hossain</u>	
<input checked="" type="checkbox"/>	DATE
NAME OF PARENT OR GUARDIAN	SIGNATURE
	ADDRESS (city/state or province/country)
	DATE

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

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CHANGE OF STATUS/CAP-GAP EXTENSION

--

AUTHORIZED REDUCED COURSE LOAD

--

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
03 JULY 2023	21 AUGUST 2023

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
		X		
		X		
		X		
		X		

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission <h1 style="font-size: 48px; margin: 0;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON Transfer Pending - Uceda	ADMISSION NUMBER	

SCHOOL INFORMATION	
SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL ADDRESS 66 W FLAGLER ST FL 9, MIAMI, FL 33130
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kara Richardson Admissions Coordinator	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003

PROGRAM OF STUDY		
EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 28 MAY 2025	

FINANCIALS	
ESTIMATED AVERAGE COSTS FOR: 12 MONTHS	STUDENT'S FUNDING FOR: 12 MONTHS
Tuition and Fees \$ 7,020	Personal Funds \$ 0
Living Expenses \$ 7,200	Funds From This School \$ 0
Expenses of Dependents (1) \$ 6,000	Sponsor \$ 47,557
Other \$	On-Campus Employment \$
TOTAL \$ 20,220	TOTAL \$ 47,557

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.

<input checked="" type="checkbox"/> <u>Kara Richardson</u>	DATE ISSUED 20 May 2024	PLACE ISSUED MIAMI, FL
SIGNATURE OF: Kara Richardson, Admissions Coordinator		

STUDENT ATTESTATION

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

<input checked="" type="checkbox"/> <u>Homaira</u>	DATE 02.04.26
SIGNATURE OF: Homaira Binta Hossain	
<input checked="" type="checkbox"/>	
NAME OF PARENT OR GUARDIAN	SIGNATURE
	ADDRESS (city/state or province/country)
	DATE

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

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CHANGE OF STATUS/CAP-GAP EXTENSION

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AUTHORIZED REDUCED COURSE LOAD

--

CURRENT SESSION DATES

CURRENT SESSION START DATE

CURRENT SESSION END DATE

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
		X		
		X		
		X		
		X		

Homaira
HOMAIRA BINTA HOSSAIN

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission <h1 style="font-size: 2em;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON Transfer Pending - Uceda	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL ADDRESS 66 W FLAGLER ST FL 9, MIAMI, FL 33130
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kara Richardson Admissions Coordinator	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 28 MAY 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

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.

<input checked="" type="checkbox"/> <u>Kara Richardson</u>	DATE ISSUED 20 May 2024	PLACE ISSUED MIAMI, FL
SIGNATURE OF: Kara Richardson, Admissions Coordinator		

STUDENT ATTESTATION

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

<input checked="" type="checkbox"/> <u>Homaira</u>	DATE 20 May 2024
SIGNATURE OF: Homaira Binta Hossain	
<input checked="" type="checkbox"/>	DATE
NAME OF PARENT OR GUARDIAN	SIGNATURE
ADDRESS (city/state or province/country)	DATE

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

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CHANGE OF STATUS/CAP-GAP EXTENSION

--

AUTHORIZED REDUCED COURSE LOAD

--

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE

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
		X		
		X		
		X		
		X		

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission <h1 style="font-size: 2em;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON CONTINUED ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL ADDRESS 66 W FLAGLER ST FL 9, MIAMI, FL 33130
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kara Richardson Admissions Coordinator	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 30 NOVEMBER 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

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.

<input checked="" type="checkbox"/> <u>Kara Richardson</u>	DATE ISSUED 16 April 2025	PLACE ISSUED MIAMI, FL
SIGNATURE OF: Kara Richardson, Admissions Coordinator		

STUDENT ATTESTATION

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

<input checked="" type="checkbox"/> <u>Homaira</u>	DATE 16 April 2025
SIGNATURE OF: Homaira Binta Hossain	
<input checked="" type="checkbox"/>	
NAME OF PARENT OR GUARDIAN	ADDRESS (city/state or province/country)
SIGNATURE	DATE

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

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CHANGE OF STATUS/CAP-GAP EXTENSION

--

AUTHORIZED REDUCED COURSE LOAD

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CURRENT SESSION DATES

CURRENT SESSION START DATE

07 APRIL 2025

CURRENT SESSION END DATE

27 JUNE 2025

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
		X		
		X		
		X		
		X		

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON CONTINUED ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL ADDRESS 66 W FLAGLER ST FL 9, MIAMI, FL 33130
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kara Richardson Admissions Coordinator	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 30 DECEMBER 2029	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

REMARKS

Vacation

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 Kara Richardson **SIGNATURE OF:** Kara Richardson, Admissions Coordinator **DATE ISSUED** 29 September 2025 **PLACE ISSUED** MIAMI, FL

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 Homaira **SIGNATURE OF:** Homaira Binta Hossain **DATE** 29 September 2025

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

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

--

CHANGE OF STATUS/CAP-GAP EXTENSION

--

AUTHORIZED REDUCED COURSE LOAD

--

CURRENT SESSION DATES

CURRENT SESSION START DATE

07 JULY 2025

CURRENT SESSION END DATE

19 SEPTEMBER 2025

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
		X		
		X		
		X		
		X		

FORM I-485

**Application to Register Permanent
Residence or Adjust Status**



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶

0	4	2	2	4	3	5	9	4	9	9	7
---	---	---	---	---	---	---	---	---	---	---	---

Name of Attorney or Accredited Representative

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

Address of Attorney or Accredited Representative

3.a. Street Number and Name
 3.b. Apt. Ste. Flr.
 3.c. City or Town
 3.d. State 3.e. ZIP Code
 3.f. Province
 3.g. Postal Code
 3.h. Country

Contact Information of Attorney or Accredited Representative

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

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

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

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

2.b. Name of Recognized Organization

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

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

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

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

1.a. U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-485 and I-765

2.a. U.S. Immigration and Customs Enforcement (ICE)

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

3.a. U.S. Customs and Border Protection (CBP)

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

4. Receipt Number (if any)

▶ [Grid for receipt number]

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

- Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

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

6.a. Family Name (Last Name) Hassan

6.b. Given Name (First Name) Wafi Bin

6.c. Middle Name

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

▶ [Grid for USCIS Online Account Number]

9. Client's Alien Registration Number (A-Number) (if any)

▶ A- [Grid for Alien Registration Number]

Client's Contact Information

10. Daytime Telephone Number

(941)787-6746

11. Mobile Telephone Number (if any)

12. Email Address (if any)

waficgs2006@yahoo.com

Mailing Address of Client

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

13.a. Street Number and Name 24151 Beatrix Blvd

13.b. Apt. Ste. Flr. 602

13.c. City or Town Port Charlotte

13.d. State FL 13.e. ZIP Code 33954

13.f. Province

13.g. Postal Code

13.h. Country

United States

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

→ 

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

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative



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

2.a. Signature of Law Student or Law Graduate

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



Part 6. Additional Information

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

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

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

2.d. _____

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

3.d. _____

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

4.d. _____

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

5.d. _____

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

6.d. _____





Application to Register Permanent Residence or Adjust Status

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only

Preference Category:	Receipt	Action Block
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	Section of Law <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 245(m) <input type="checkbox"/> INA 209(b) <input type="checkbox"/> INA 249 <input type="checkbox"/> INA 245(a) <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> INA 245(i) <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> INA 245(j) <input type="checkbox"/> Other _____	

To be completed by an Attorney or Accredited Representative (if any).

<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) _____	Attorney State Bar Number (if applicable) 125484	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 4 2 2 4 3 5 9 4 9 9 7
--	---------------------------------------	--	--

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

A-Number ▶ A- _____

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information.**

Part 1. Information About You (Person applying for lawful permanent residence)

1. Your Current Legal Name (Do not provide a nickname)

Family Name (Last Name) Hassan	Given Name (First Name) Wafi Bin	Middle Name (if applicable) _____
--	--	---

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

Family Name (Last Name) _____	Given Name (First Name) _____	Middle Name (if applicable) _____
---	---	---

3. Date of Birth (mm/dd/yyyy) 11/06/2006

Have you ever used any other date of birth? Yes No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).



Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? Yes No

If you answered "Yes," provide your A-Number.
 A-Number (if any) ► A-

5. Have you ever used, or been assigned, any other A-Number? Yes No

If you answered "Yes," provide the A-Numbers.

6. Sex Male Female

7. Place of Birth

City or Town of Birth Country of Birth
 Chattogram Bangladesh

8. Country of Citizenship or Nationality
 Bangladesh

9. USCIS Online Account Number (if any)
 ►

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival A00477765

Expiration Date of this Passport or Travel Document (mm/dd/yyyy) 03/20/2026

Country that Issued this Passport or Travel Document Bangladesh

Nonimmigrant Visa Number Used During Most Recent Arrival (if any) R1964417

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy) 12/30/2021

Place and Date of Last Arrival into the United States

City or Town State Date of Last Arrival (mm/dd/yyyy)
 New York City NY 10/28/2022

11. When I last arrived in the United States:

I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student):
 Visitor

I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

I came into the United States without admission or parole.

Other:



Part 1. Information About You (Person applying for lawful permanent residence) (continued)

12. If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name) Given Name (First Name)

Form I-94 Arrival/Departure Record Number ▶

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status

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

13. Was your last arrival the first time you were physically present in the United States? Yes No

14. What is your current immigration status (if it has changed since your last arrival)?

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status

16. Have you ever been issued an "alien crewman" visa? Yes No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? Yes No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Date You First Resided at This Address (mm/dd/yyyy)

Is this your current mailing address? Yes No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

In Care Of Name (if any)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code



Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? Yes No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

Prior Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Dates of Residence

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Dates of Residence

From (mm/dd/yyyy)

To (mm/dd/yyyy)

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? Yes No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ►

Do you want the SSA to issue you a Social Security card? Yes No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure below**.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. Yes No



Part 2. Application Type or Filing Category

1. Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while in removal, exclusion, rescission, or deportation proceedings? Yes No

2. Receipt Number of Underlying Petition (if any) Priority Date from Underlying Petition (if any)
 (mm/dd/yyyy)

I am filing this Form I-485 as a (select **only one box**):

- Principal Applicant
- Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
HOSSAIN	HOMAIRA BINTA	

Principal Applicant's A-Number (if any)	Principal Applicant's Date of Birth										
► A- <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											(mm/dd/yyyy) <input type="text" value="01/11/1976"/>

I am applying based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

3.a. Family-based

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

- Spouse of a U.S. Citizen.
- Unmarried child under 21 years of age of a U.S. citizen.
- Parent of a U.S. citizen (if the citizen is at least 21 years of age).
- Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).
- Widow or widower of a U.S. citizen.
- Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

- Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.
- Married son or daughter of a U.S. citizen.
- Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

- Spouse of a lawful permanent resident.
- Unmarried child under 21 years of age of a lawful permanent resident.
- Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

- VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.
- VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.
- VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).



Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

- Alien Investor, Form I-526 or Form I-526E
- Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):
- Alien of Extraordinary Ability
- Outstanding Professor or Researcher
- Multinational Executive or Manager
- Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)
- A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)
- A Skilled Worker (requiring at least 2 years of specialized training or experience)
- Any Other Worker (requiring less than 2 years of training or experience)
- An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

- N/A (I am adjusting on the basis of a Form I-140 self-petition)
- No
- Yes

If you answered "Yes," is this relative your (select **only one** box):

- Father Mother Child Adult Son Adult Daughter Brother Sister
- None of These

Is the relative above a:

- U.S. Citizen U.S. National Lawful Permanent Resident None of These

3.c. Special Immigrant

- Special Immigrant Juvenile, Form I-360
- Certain Afghan or Iraqi National, Form I-360 or Form DS-157
- Certain International Broadcaster, Form I-360
- Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360
- Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360
- Panama Canal Zone Employees, Form I-360
- Certain Physicians, Form I-360
- Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

- Minister of Religion
- Other Religious Worker



Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

- Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730
If you selected asylum, date you were granted asylum (mm/dd/yyyy).
- Refugee Status (INA section 207), Form I-590 or Form I-730
If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

3.e. Human Trafficking Victim or Crime Victim

- Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A
- Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

- The Cuban Adjustment Act
- A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act
- Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act
- A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act
- Lautenberg Parolees
- Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)
- Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429
- Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

- Diversity Visa program
If you selected Diversity Visa program, provide your Diversity Visa Rank Number:
- Continuous Residence in the United States Since Before January 1, 1972 ("Registry")
- Individual Born in the United States Under Diplomatic Status
- S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)
- Other Eligibility

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? Yes No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? Yes No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.

Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

- 1.a. I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)
- 1.b. I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.
- 1.c. I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.
- 1.d. I am applying as a VAWA self-petitioner.
- 1.e. None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.
- 1.f. None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

- 1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? Yes No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

- 2. Location of U.S. Embassy or U.S. Consulate
City or Town Country
- 3. Decision (for example, approved, refused, denied, withdrawn)
- 4. Date of Decision (mm/dd/yyyy)
- 5. Have you previously applied for permanent residence while in the United States? Yes No
- 6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? Yes No

Employment and Educational History

- 7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information.**

Employer or School (current or most recent) Name of Employer, Company, or School
Most Recent School Port Charlotte High School

Your Occupation (if unemployed or retired, so state)
Student



Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy) To (mm/dd/yyyy)

If unemployed or retired, source of financial support:

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School Your Occupation (if unemployed or retired, so state)

Address of Employer, Company, or School

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy) To (mm/dd/yyyy)

If unemployed or retired, source of financial support:

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

2. Parent 1's Name at Birth (if different than above)

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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



Part 5. Information About Your Parents (continued)

4. Country of Birth

Information About Your Parent 2

5. Parent 2's Legal Name
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

6. Parent 2's Name at Birth (if different than above)
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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

8. Country of Birth

Part 6. Information About Your Marital History

- What is your current marital status?
 Single, Never Married Married Divorced Widowed Marriage Annulled Legally Separated
- If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? N/A Yes No
- How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)?

Information About Your Current Marriage (including if you are legally separated)

4. Current Spouse's Legal Name
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

5. Current Spouse's A-Number (if any) ▶ A-

6. Current Spouse's Date of Birth (mm/dd/yyyy)

7. Current Spouse's Country of Birth

8. Current Spouse's Current Physical Address
 Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town State or Province
 Country
 Date of Marriage to Current Spouse (mm/dd/yyyy)

10. Is your current spouse applying with you? Yes No

Information About Prior Marriages (if any)

11. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

12. Prior Spouse's Date of Birth (mm/dd/yyyy)

13. Prior Spouse's Country of Birth 14. Prior Spouse's Country of Citizenship or Nationality

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy)

16. Place of Marriage to Prior Spouse

City or Town State or Province
 Country

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town State or Province
 Country
 Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

18. How Marriage Ended with Prior Spouse (select one):

Annulled Divorced Spouse Deceased Other (Explain):



Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

0

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information.**

2. Child 1

Current Legal Name

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

A-Number (if any) ► A- Date of Birth (mm/dd/yyyy)

Country of Birth

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Is this child also applying now on a separate Form I-485? Yes No

3. Child 2

Current Legal Name

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

A-Number (if any) ► A- Date of Birth (mm/dd/yyyy)

Country of Birth

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Is this child also applying now on a separate Form I-485? Yes No



Part 8. Biographic Information

1. Ethnicity (Select **only one** box)
 - Hispanic or Latino Not Hispanic or Latino
2. Race (Select **all applicable** boxes)
 - American Indian or Alaska Native Asian Black or African American
 - Native Hawaiian or Other Pacific Islander White
3. Height Feet Inches 4. Weight Pounds
5. Eye Color (Select **only one** box)
 - Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other
6. Hair Color (Select **only one** box)
 - Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9**. If you answer "Yes" to any questions (or if you answer "No," but are unsure of your answer), provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? Yes No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization
3. City or Town State or Province
Country
4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.
Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.
5. Dates of Membership or Dates of Involvement
From (mm/dd/yyyy) To (mm/dd/yyyy)

Organization 2

6. Name of Organization



Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town State or Province

Country

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

9. Dates of Membership or Dates of Involvement
 From (mm/dd/yyyy) To (mm/dd/yyyy)

- 10. Have you **EVER** been denied admission to the United States? Yes No
- 11. Have you **EVER** been denied a visa to the United States? Yes No
- 12. Have you **EVER** worked in the United States without authorization? Yes No
- 13. Have you **EVER** violated the terms or conditions of your nonimmigrant status? Yes No
- 14. Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings? Yes No
- 15. Have you **EVER** been issued a final order of exclusion, deportation, or removal? Yes No
- 16. Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated? Yes No
- 17. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? Yes No
- 18. Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation? Yes No
- 19. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? Yes No
- 20. If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement? Yes No
- 21. If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? Yes No

Criminal Acts and Violations

For Item Numbers 22. - 41., you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

22. Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including Yes No pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States?



Part 9. General Eligibility and Inadmissibility Grounds (continued)

- 23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? Yes No
- 24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? Yes No
- NOTE:** If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.
- 25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? Yes No
- 26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? Yes No
- 27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? Yes No
- 28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? Yes No
- 29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? Yes No
- 30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? Yes No
- 31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? Yes No
- 32. Have you **EVER** received any proceeds or money from prostitution? Yes No
- 33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? Yes No
- 34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? Yes No
- 35.a. Have you **EVER** served as a foreign government official? Yes No
- 35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? Yes No
- 36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? Yes No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

- 37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Yes No
 Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

- 38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Yes No
- 39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? Yes No
- 40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? Yes No
- 41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? Yes No

Security and Related

Do you intend to:

- 42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? Yes No
- 42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No
- 42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? Yes No
- 42.d. Engage in any other unlawful activity? Yes No

Have you **EVER**:

- 43.a. Received any weapons training, paramilitary training, or other military-type training? Yes No
- 43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? Yes No
- 43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? Yes No
- 43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? Yes No
- 43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.**? Yes No
- 43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.**? Yes No
- 45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? Yes No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information.**

Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.** Yes No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information.**

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? Yes No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? Yes No

49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? Yes No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? Yes No

If you answered "Yes" to **Item Number 50. or 51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information.**

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? Yes No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

53.a. Torture? Yes No

53.b. Genocide? Yes No

53.c. Killing, or trying to kill, any person? Yes No

53.d. Intentionally and severely injuring or trying to injure any person? Yes No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? Yes No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? Yes No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information.**



Part 9. General Eligibility and Inadmissibility Grounds (continued)**Public Charge**

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, Public Charge** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- VAWA Self-Petitioner (Form I-360)
- Special Immigrant Juvenile (Form I-360)
- Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- Asylee (Form I-589 or Form I-730)
- Refugee (Form I-590 or Form I-730)
- Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- Cuban Adjustment Act
- Cuban Adjustment Act for Battered Spouses and Children
- Dependent Status under the Haitian Refugee Immigrant Fairness Act
- Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- A Lautenberg Parolee
- National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- Continuous Residence in the United States Since Before January 1, 1972 ("Registry")
- Amerasian Homecoming Act
- Polish or Hungarian Parolee
- Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)



Part 9. General Eligibility and Inadmissibility Grounds (continued)

- Syrian National Adjusting Status under Public Law 106-378
- Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)
- I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.**, go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

57. What is the size of your household?

58. Indicate your annual household income.
 \$0-27,000 \$27,001-52,000 \$52,001-85,000 \$85,001-141,000 Over \$141,000

59. Identify the total value of your household assets.
 \$0-18,400 \$18,401-136,000 \$136,001-321,400 \$321,401-707,100 Over \$707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).
 \$0 \$1-10,100 \$10,101-57,700 \$57,701-186,800 Over \$186,800

61. What is the highest degree or grade of school you have completed?
 Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

 High school diploma, GED, or alternative credential 1 or more years of college credit, no degree
 Associate's degree Bachelor's degree Master's degree Professional degree (JD, MD, DMD, etc.)
 Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications
CompTIA ITF+
CompTIA A+
CompTIA Network+
Adobe Certified Professional in Graphic Design & Illustration Using Adobe Illustrator
Adobe Certified Professional in Visual Design Using Adobe Photoshop
Adobe Certified Professional in Visual Design
CompTIA IT Operations Specialist
The Queen's Commonwealth Essay Competition 2020 Silver

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context but which also exist under other names)? Yes No

64. Have you ever received long-term institutionalization at government expense? Yes No



Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Illegal Entries and Other Immigration Violations

67. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? Yes No

NOTE: If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? Yes No

69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? Yes No

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? Yes No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? Yes No

72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? Yes No

73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? Yes No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? Yes No

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? Yes No



Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. Yes No

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information.**

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? Yes No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

78.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. Yes No

78.b. Having been deported, excluded, or removed from the United States? Yes No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? Yes No

80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? Yes No

81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? Yes No

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? Yes No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? Yes No

Have you **EVER**:

84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? Yes No

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? Yes No

84.c. Been convicted of desertion from the U.S. armed forces? Yes No

85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? Yes No

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?



Part 10. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

- 1. Applicant's Daytime Telephone Number
- 2. Applicant's Mobile Telephone Number (if any)
- 3. Applicant's Email Address (if any)

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

- 4. Applicant's Signature Date of Signature (mm/dd/yyyy)

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

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

Interpreter's Contact Information

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

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

- 6. Interpreter's Signature Date of Signature (mm/dd/yyyy)



Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

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

Preparer's Contact Information

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

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

- 6. Preparer's Signature Date of Signature (mm/dd/yyyy)

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** **through** , are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** **through** are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink) USCIS Officer's Signature (sign in ink)



Part 14. Additional Information

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

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

2. Page Number Part Number Item Number

Address: 737 Columbia St, Port Charlotte FL 33948; From: October 15, 2023 To: Mar 17, 2024
 Address: 21150 Gertrude Ave, Apt L2, Port Charlotte, FL 33952; From: September 01, 2023 To: October 14, 2023
 Address: 1103 SE 16th Place, Cape Coral, FL 33990; From: October 28, 2022 To: August 31, 2023

3. Page Number Part Number Item Number

Cited for operating car without working headlight in November 1st, 2025. The case way dismissed in November 15th. 2025.

4. Page Number Part Number Item Number

5. Page Number Part Number Item Number



THE UNITED STATES OF AMERICA

I-797 | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number IOE0928118924		Case Type I140 - IMMIGRANT PETITION FOR ALIEN WORKER
Received Date 10/10/2024	Priority Date 07/11/2023	Petitioner CAPE CORAL PETROLEUM INC
Notice Date 11/19/2024	Page 1 of 1	Beneficiary HOSSAIN, HOMAIRA BINTA

CAPE CORAL PETROLEUM INC
c/o TAMANNA AHMED
2231 DEL PRADO BLVD S
CAPE CORAL, FL. 33990

Notice Type: Approval Notice
Section: Skilled Worker, Sec.203(b)(3)(A)(i)
Consulate: DHAKA
ETA Case Number: G20023192181389
SOC Code: 41-2011

The above petition has been approved. We have sent it to the Department of State National Visa Center (NVC), 32 Rochester Avenue, Portsmouth, NH 03801-2909. NVC processes all approved immigrant visa petitions that need consular action. It also determines which consular post is the appropriate consulate to complete visa processing. The NVC will then forward the approved petition to that consulate.

This completes all USCIS action on this petition. You should allow a minimum of 30 days for Department of State processing before contacting the NVC. If you have not received any correspondence from the NVC within 30 days, you may contact the NVC by e-mail at NYCINQUIRY@state.gov. You will need to enter the USCIS receipt number from this approval notice in the subject line. In order to receive information about your petition, you will need to include the Petitioner's name and date of birth, and the Applicant's name and date of birth, in the body of the e-mail.

The NVC will contact the person for whom you are petitioning concerning further immigrant visa processing steps. The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

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

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

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

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

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

Texas Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
6046 N Belt Line Rd., STE 110
Irving TX 75038-0012

USCIS Contact Center: www.uscis.gov/contactcenter





For: **WAFI BIN HASSAN**



Most Recent I-94

Admission (I-94) Record Number : 100400686A3

Most Recent Date of Entry: 2022 October 28

Class of Admission : B2

Admit Until Date : 04/27/2023

Details provided on the I-94 Information form:

Last/Surname : HASSAN
First (Given) Name : WAFI BIN
Birth Date : 2006 November 06
Document Number : A00477765
Country of Citizenship : Bangladesh

[Get Travel History](#)

▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111
Expiration Date: 11/30/2022

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

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

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number LIN2314150006		Case Type I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
Received Date 03/13/2023	Priority Date	Applicant HOSSAIN, HOMAIRA BINTA
Notice Date 06/22/2023	Page 1 of 1	Beneficiary HASSAN, WAFI BIN

LAW OFFICE OF SHAYNE J EPSTEIN
c/o MARINA VEIGA
2295 NW CORPORATE BLVD STE 215
BOCA RATON FL 33431

Notice Type: Approval Notice
Class: F2
Valid from 06/22/2023 to Duration of Status(DS)

The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status for the named applicant(s) is also listed above. An updated Form I-94 is included in the lower portion of this notice. The I-94-portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States.

If any person included in this application must depart the U.S., he or she may wish to take the lower portion of this notice to facilitate his or her return to this status. If a visa is required, he or she must obtain a new visa in the new classification before returning to the U.S.

In a small number of cases, a visa is not required of nationals of certain countries. These applicants should present the lower portion of this notice at the port-of-entry with any other documentation necessary to show admissibility.

If the applicant has any questions about the new status that has been granted, he or she should call the local USCIS office.

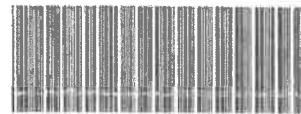
THIS NOTICE IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

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

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

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

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



USCIS Contact Center: www.uscis.gov/contactcenter

PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# LIN2314150006

I-94# 100400686 A3

NAME HASSAN, WAFI BIN

CLASS F2

VALID FROM 06/22/2023 **UNTIL** Duration of Status (DS)

APPLICANT

HOSSAIN, HOMAIRA BINTA
21150 GERTRUDE AVENUE APT L2
PT CHARLOTTE FL 33952

100400686 A3

Receipt Number LIN2314150006

US Citizenship and Immigration Services

I94 Departure Record

Applicant: HOSSAIN, HOMAIRA BINTA

14. Family Name HASSAN	
15. First (Given) Name WAFI BIN	16. Date of Birth 11/06/2006
17. Country of Citizenship BANGLADESH	

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission F-2 DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Uceda Uceda School of West Palm Beach	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010
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STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 11 FEBRUARY 2023
START OF CLASSES 13 MARCH 2023	PROGRAM START/END DATE 13 MARCH 2023 - 13 MARCH 2024	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 6,000	Personal Funds	\$ 0
Living Expenses	\$ 6,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 3,000	Sponsor	\$ 15,520
Books	\$ 520	On-Campus Employment	\$
TOTAL	\$ 15,520	TOTAL	\$ 15,520

SCHOOL ATTESTATION

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

X _____ **DATE ISSUED** 10 February 2023 **PLACE ISSUED** Palm Springs, FL
 SIGNATURE OF: Noelia Ortega, Senior International
 Adviser: DSO

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 Homaira _____ 10 February 2023
 SIGNATURE OF: Homaira Binta Hossain DATE
 _____ X _____
 NAME OF PARENT OR GUARDIAN SIGNATURE ADDRESS (city/state or province/country) DATE

SEVIS ID: N0033960787 (F-2)

NAME: Wafi Bin Hassan

REMARKS FOR STUDENT

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STUDENT'S EMPLOYMENT AUTHORIZATIONS

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CHANGE OF STATUS/CAP-GAP EXTENSION

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STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission F-2 DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Uceda Uceda School of West Palm Beach	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010
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STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 27 MAY 2023
START OF CLASSES 26 JUNE 2023	PROGRAM START/END DATE 26 JUNE 2023 - 26 JUNE 2024	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 6,000	Personal Funds	\$ 0
Living Expenses	\$ 6,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 3,000	Sponsor	\$ 15,520
Books	\$ 520	On-Campus Employment	\$
TOTAL	\$ 15,520	TOTAL	\$ 15,520

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: Noelia Ortega, Senior International Advisor/DSO

DATE ISSUED: 06 June 2023

PLACE ISSUED: Palm Springs, FL

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: Homaira Binta Hossain

DATE: 06 June 2023

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

SEVIS ID: N0033960787 (F-2)

NAME: Wafi Bin Hassan

REMARKS FOR STUDENT

STUDENT'S EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
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TRAVEL ENDORSEMENT

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Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission F-2 DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Uceca Uceca School of West Palm Beach	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010
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STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 03 JUNE 2023
START OF CLASSES 03 JULY 2023	PROGRAM START/END DATE 03 JULY 2023 - 26 JUNE 2024	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 6,000	Personal Funds	\$ 0
Living Expenses	\$ 6,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 3,000	Sponsor	\$ 15,520
Books	\$ 520	On-Campus Employment	\$
TOTAL	\$ 15,520	TOTAL	\$ 15,520

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.

<input checked="" type="checkbox"/>	DATE ISSUED 29 June 2023	PLACE ISSUED Palm Springs, FL
SIGNATURE OF: Karen Campoverde Balladarez, Senior Representative/DSO		

STUDENT ATTESTATION

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

<input checked="" type="checkbox"/>	SIGNATURE OF: Homaira Binta Hossain	DATE 29 June 2023
NAME OF PARENT OR GUARDIAN	<input checked="" type="checkbox"/>	ADDRESS (city/state or province/country)
SIGNATURE		DATE

SEVIS ID: N0033960787 (F-2)

NAME: Wafi Bin Hassan

REMARKS FOR STUDENT

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STUDENT'S EMPLOYMENT AUTHORIZATIONS

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CHANGE OF STATUS/CAP-GAP EXTENSION

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STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE
03 JULY 2023

CURRENT SESSION END DATE
21 AUGUST 2023

TRAVEL ENDORSEMENT

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Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission F-2 DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003
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STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 28 MAY 2025	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

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.

<input checked="" type="checkbox"/> <i>Kara Richardson</i>	DATE ISSUED 20 May 2024	PLACE ISSUED MIAMI, FL
SIGNATURE OF: Kara Richardson, Admissions Coordinator		

STUDENT ATTESTATION

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

<input checked="" type="checkbox"/> <i>Homaira</i>	DATE 02-04-26
SIGNATURE OF: Homaira Binta Hossain	
<input checked="" type="checkbox"/>	
NAME OF PARENT OR GUARDIAN	SIGNATURE
	ADDRESS (city/state or province/country)
	DATE

SEVIS ID: N0033960787 (F-2)

NAME: Wafi Bin Hassan

REMARKS FOR STUDENT

STUDENT'S EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
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TRAVEL ENDORSEMENT

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Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

Homaira
HOMAIRA BINTA HOSSAIN

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission F-2 DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003
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STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 28 MAY 2025	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

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.

<input checked="" type="checkbox"/> <u>Kara Richardson</u>	DATE ISSUED 20 May 2024	PLACE ISSUED MIAMI, FL
SIGNATURE OF: Kara Richardson, Admissions Coordinator		

STUDENT ATTESTATION

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

<input checked="" type="checkbox"/> <u>Homaira</u>	DATE 20 May 2024		
SIGNATURE OF: Homaira Binta Hossain			
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

SEVIS ID: N0033960787 (F-2)

NAME: Wafi Bin Hassan

REMARKS FOR STUDENT

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STUDENT'S EMPLOYMENT AUTHORIZATIONS

--

CHANGE OF STATUS/CAP-GAP EXTENSION

--

STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE

CURRENT SESSION END DATE

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TRAVEL ENDORSEMENT

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Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission F-2 DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003
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STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 30 NOVEMBER 2025	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

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<input checked="" type="checkbox"/> <u>Kara Richardson</u>	DATE ISSUED 16 April 2025	PLACE ISSUED MIAMI, FL
SIGNATURE OF: Kara Richardson, Admissions Coordinator		

STUDENT ATTESTATION

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

<input checked="" type="checkbox"/> <u>Homaira</u>	DATE 16 April 2025
SIGNATURE OF: Homaira Binta Hossain	
<input checked="" type="checkbox"/>	
NAME OF PARENT OR GUARDIAN	SIGNATURE
	ADDRESS (city/state or province/country)
	DATE

SEVIS ID: N0033960787 (F-2)

NAME: Wafi Bin Hassan

REMARKS FOR STUDENT

STUDENT'S EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
07 APRIL 2025	27 JUNE 2025

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission F-2 DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003
--	--

STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 30 DECEMBER 2029	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

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.

<input checked="" type="checkbox"/> <u>Kara Richardson</u>	DATE ISSUED 29 September 2025	PLACE ISSUED MIAMI, FL
SIGNATURE OF: Kara Richardson, Admissions Coordinator		

STUDENT ATTESTATION

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

<input checked="" type="checkbox"/> <u>Homaira</u>	DATE 29 September 2025
SIGNATURE OF: Homaira Binta Hossain	
<input checked="" type="checkbox"/>	
NAME OF PARENT OR GUARDIAN	SIGNATURE
	ADDRESS (city/state or province/country)
	DATE

SEVIS ID: N0033960787 (F-2)

NAME: Wafi Bin Hassan

REMARKS FOR STUDENT

Vacation

STUDENT'S EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE

07 JULY 2025

CURRENT SESSION END DATE

19 SEPTEMBER 2025

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		



HHRI



Government of the People's Republic of Bangladesh

Office of the Registrar, Birth and Death Registration

Dncc Ward-17

Dhaka North City Corporation, Dhaka

(Rule 9, 10)

জন্ম নিবন্ধন সনদ / Birth Registration Certificate

Date of Registration
21/05/2009

Birth Registration Number
20063090917083713

Date of Issuance
25/10/2014

Date of Birth : 06/11/2006

Sex : Male

In Word : Sixth of November Two Thousand Six

নাম : ওয়াফি বিন হাসান

Name : Wafi Bin Hassan

মাতা : হোমাইরা বিন্তে হোসেন

Mother : Homaira Binta Hossain

মাতার জাতীয়তা : বাংলাদেশী

Nationality : Bangladeshi

পিতা : এ কে এম রবিউল হাসান

Father : A K M Robiul Hassan

পিতার জাতীয়তা : বাংলাদেশী

Nationality : Bangladeshi

জন্মস্থান : চট্টগ্রাম, বাংলাদেশ

Place of Birth: Chattogram, Bangladesh

স্থায়ী ঠিকানা : ব্রাহ্মনগ্রাম, ধুকুরিয়া বেড়া - ৬৭৪০,
ধুকুরিয়া বেড়া, কেলকুচি, সিরাজগঞ্জ

Permanent Address : Brahmangram, Dhukuria
Bera-6740, Dhukuria Bera,
Belkuchi, Sirajganj

18.08.25
Seal & Signature

Assistant to Registrar

(Preparation, Verification)

MD. NUR ISLAM MOLLA

Ward Secretary

Ward No.17

Dhaka North City Corporation

18.08.25
Seal & Signature

Registrar

Dr. Mabia Sultana Shova

Assistant Health Officer

Zone-01

Dhaka North City Corporation

FORM I-765

Application for Employment
Authorization



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
	Remarks		

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="125484"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <table border="1" style="display: inline-table;"><tr><td>0</td><td>4</td><td>2</td><td>2</td><td>4</td><td>3</td><td>5</td><td>9</td><td>4</td><td>9</td><td>9</td><td>7</td></tr></table>	0	4	2	2	4	3	5	9	4	9	9	7
0	4	2	2	4	3	5	9	4	9	9	7				

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

Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.
- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

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

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6.

Additional Information.

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



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

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

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

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2. At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)
6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

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

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

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application; and
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

➔

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

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

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



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

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

7.a. Interpreter's Signature

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

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

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

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant
(continued)

Preparer's Statement

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

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature



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

03/04/2020



THE UNITED STATES OF AMERICA

I-797 | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number IOE0928118924		Case Type I140 - IMMIGRANT PETITION FOR ALIEN WORKER
Received Date 10/10/2024	Priority Date 07/11/2023	Petitioner CAPE CORAL PETROLEUM INC
Notice Date 11/19/2024	Page 1 of 1	Beneficiary HOSSAIN, HOMAIRA BINTA

CAPE CORAL PETROLEUM INC
c/o TAMANNA AHMED
2231 DEL PRADO BLVD S
CAPE CORAL, FL 33990

Notice Type: Approval Notice
Section: Skilled Worker, Sec.203(b)(3)(A)(i)
Consulate: DHAKA
ETA Case Number: G20023192181389
SOC Code: 41-2011

The above petition has been approved. We have sent it to the Department of State National Visa Center (NVC), 32 Rochester Avenue, Portsmouth, NH 03801-2909. NVC processes all approved immigrant visa petitions that need consular action. It also determines which consular post is the appropriate consulate to complete visa processing. The NVC will then forward the approved petition to that consulate.

This completes all USCIS action on this petition. You should allow a minimum of 30 days for Department of State processing before contacting the NVC. If you have not received any correspondence from the NVC within 30 days, you may contact the NVC by e-mail at NVCINQUIRY@state.gov. You will need to enter the USCIS receipt number from this approval notice in the subject line. In order to receive information about your petition, you will need to include the Petitioner's name and date of birth, and the Applicant's name and date of birth, in the body of the e-mail.

The NVC will contact the person for whom you are petitioning concerning further immigrant visa processing steps. The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

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

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

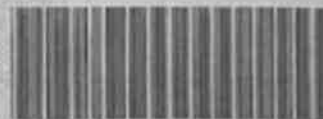
NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other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

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

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

Texas Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
6046 N Belt Line Rd., STE 110
Irving TX 75038-0012

USCIS Contact Center: www.uscis.gov/contactcenter





For: **WAFI BIN HASSAN**



U.S. Customs and Border Protection

Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number : 100400686A3

Most Recent Date of Entry: 2022 October 28

Class of Admission : B2

Admit Until Date : 04/27/2023

Details provided on the I-94 Information form:

Last/Surname : HASSAN
First (Given) Name : WAFI BIN
Birth Date : 2006 November 06
Document Number : A00477765
Country of Citizenship : Bangladesh

[Get Travel History](#)

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

► Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111
Expiration Date: 11/30/2022

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

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

I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number LIN2314150006		Case Type I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
Received Date 03/13/2023	Priority Date	Applicant HOSSAIN, HOMAIRA BINTA
Notice Date 06/22/2023	Page 1 of 1	Beneficiary HASSAN, WAFI BIN

LAW OFFICE OF SHAYNE J EPSTEIN
c/o MARINA VEIGA
2295 NW CORPORATE BLVD STE 215
BOCA RATON FL 33431

Notice Type: Approval Notice
Class: F2
Valid from 06/22/2023 to Duration of Status(DS)

The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status for the named applicant(s) is also listed above. An updated Form I-94 is included in the lower portion of this notice. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States.

If any person included in this application must depart the U.S., he or she may wish to take the lower portion of this notice to facilitate his or her return to this status. If a visa is required, he or she must obtain a new visa in the new classification before returning to the U.S.

In a small number of cases, a visa is not required of nationals of certain countries. These applicants should present the lower portion of this notice at the port-of-entry with any other documentation necessary to show admissibility.

If the applicant has any questions about the new status that has been granted, he or she should call the local USCIS office.

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

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

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

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

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



USCIS Contact Center: www.uscis.gov/contactcenter

PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# LIN2314150006

I-94# 100400686 A3

NAME HASSAN, WAFI BIN

CLASS F2

VALID FROM 06/22/2023 **UNTIL** Duration of Status (DS)

APPLICANT

HOSSAIN, HOMAIRA BINTA
21150 GERTRUDE AVENUE APT L2
PT CHARLOTTE FL 33952

100400686 A3

Receipt Number LIN2314150006

US Citizenship and Immigration Services

I94 Departure Record

Applicant: HOSSAIN, HOMAIRA BINTA

14. Family Name HASSAN	
15. First (Given) Name WAFI BIN	16. Date of Birth 11/06/2006
17. Country of Citizenship BANGLADESH	

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission F-2 DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	

STUDENT'S INFORMATION	
STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION	
SCHOOL NAME Uceda Uceda School of West Palm Beach	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010

STUDENT'S PROGRAM OF STUDY		
EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 11 FEBRUARY 2023
START OF CLASSES 13 MARCH 2023	PROGRAM START/END DATE 13 MARCH 2023 - 13 MARCH 2024	

STUDENT'S FINANCIALS	
ESTIMATED AVERAGE COSTS FOR: 12 MONTHS	STUDENT'S FUNDING FOR: 12 MONTHS
Tuition and Fees \$ 6,000	Personal Funds \$ 0
Living Expenses \$ 6,000	Funds From This School \$
Expenses of Dependents (1) \$ 3,000	Sponsor \$ 15,520
Books \$ 520	On-Campus Employment \$
TOTAL \$ 15,520	TOTAL \$ 15,520

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.		
<input checked="" type="checkbox"/>	DATE ISSUED 10 February 2023	PLACE ISSUED Palm Springs, FL
SIGNATURE OF: Noelia Ortega, Senior International Advisor: DSO		

STUDENT ATTESTATION			
I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.			
<input checked="" type="checkbox"/>	SIGNATURE OF: Homaira Binta Hossain	DATE 10 February 2023	
	<input checked="" type="checkbox"/>		
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

SEVIS ID: N0033960787 (F-2)

NAME: Wafi Bin Hassan

REMARKS FOR STUDENT

--

STUDENT'S EMPLOYMENT AUTHORIZATIONS

--

CHANGE OF STATUS/CAP-GAP EXTENSION

--

STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
----------------------------	--------------------------

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON CHANGE OF STATUS	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Uceda Uceda School of West Palm Beach	SCHOOL ADDRESS 3401 S. Congress Ave., Suite 201/202, Palm Springs, FL 33461
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Noelia Ortega Senior International Advisor/DSO	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 27 MAY 2023
START OF CLASSES 26 JUNE 2023	PROGRAM START/END DATE 26 JUNE 2023 - 26 JUNE 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 6,000	Personal Funds	\$ 0
Living Expenses	\$ 6,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 3,000	Sponsor	\$ 15,520
Books	\$ 520	On-Campus Employment	\$
TOTAL	\$ 15,520	TOTAL	\$ 15,520

REMARKS

SCHOOL ATTESTATION

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

X _____ **DATE ISSUED** 06 June 2023 **PLACE ISSUED** Palm Springs, FL
SIGNATURE OF: Noelia Ortega, Senior International Advisor/DSO

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 Homaira 06 June 2023
SIGNATURE OF: Homaira Binta Hossain **DATE**

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

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

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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
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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
		X		
		X		
		X		
		X		

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission F-2 DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	
STUDENT'S INFORMATION		

STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION	
SCHOOL NAME Uceda Uceda School of West Palm Beach	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010

STUDENT'S PROGRAM OF STUDY		
EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 27 MAY 2023
START OF CLASSES 26 JUNE 2023	PROGRAM START/END DATE 26 JUNE 2023 - 26 JUNE 2024	

STUDENT'S FINANCIALS	
ESTIMATED AVERAGE COSTS FOR: 12 MONTHS	STUDENT'S FUNDING FOR: 12 MONTHS
Tuition and Fees \$ 6,000	Personal Funds \$ 0
Living Expenses \$ 6,000	Funds From This School \$
Expenses of Dependents (1) \$ 3,000	Sponsor \$ 15,520
Books \$ 520	On-Campus Employment \$
TOTAL \$ 15,520	TOTAL \$ 15,520

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: Noelia Ortega, Senior International Advisor/DSO

DATE ISSUED: 06 June 2023

PLACE ISSUED: Palm Springs, FL

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: Homaira

DATE: 06 June 2023

SIGNATURE OF: Homaira Binta Hossain

DATE:

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

SEVIS ID: N0033960787 (F-2)

NAME: Wafi Bin Hassan

REMARKS FOR STUDENT

STUDENT'S EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
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TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission F-2 DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Uceca Uceca School of West Palm Beach	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010
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STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 03 JUNE 2023
START OF CLASSES 03 JULY 2023	PROGRAM START/END DATE 03 JULY 2023 - 26 JUNE 2024	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 6,000	Personal Funds	\$ 0
Living Expenses	\$ 6,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 3,000	Sponsor	\$ 15,520
Books	\$ 520	On-Campus Employment	\$
TOTAL	\$ 15,520	TOTAL	\$ 15,520

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.

<input checked="" type="checkbox"/>	DATE ISSUED	PLACE ISSUED
SIGNATURE OF: Karen Campoverde Belladare, Senior Representative/DSO	29 June 2023	Palm Springs, FL

STUDENT ATTESTATION

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

<input checked="" type="checkbox"/> <u>Homaira</u>	<u>29 June 2023</u>
SIGNATURE OF: Homaira Binta Hossain	DATE
<input checked="" type="checkbox"/>	
NAME OF PARENT OR GUARDIAN	SIGNATURE
	ADDRESS (city/state or province/country)
	DATE

SEVIS ID: N0033960787 (F-2)

NAME: Wafi Bin Hassan

REMARKS FOR STUDENT

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STUDENT'S EMPLOYMENT AUTHORIZATIONS

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CHANGE OF STATUS/CAP-GAP EXTENSION

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STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
03 JULY 2023	21 AUGUST 2023

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission <h1 style="font-size: 2em;">F-2</h1> DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003
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STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 28 MAY 2025	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

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.

<i>X Kara Richardson</i>	DATE ISSUED 20 May 2024	PLACE ISSUED MIAMI, FL
SIGNATURE OF: Kara Richardson, Admissions Coordinator		

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.**

<i>X Homaira</i>	<i>02.04.26</i>
SIGNATURE OF: Homaira Binta Hossain	DATE
X	
NAME OF PARENT OR GUARDIAN	SIGNATURE
	ADDRESS (city/state or province/country)
	DATE

SEVIS ID: N0033960787 (F-2)

NAME: Wafi Bin Hassan

REMARKS FOR STUDENT

STUDENT'S EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
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TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		
		X		

Homaira
HOMAIRA BINTA HOSSAIN

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission F-2 DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003
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STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 28 MAY 2025	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

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.

<input checked="" type="checkbox"/> <u>Kara Richardson</u>	DATE ISSUED 20 May 2024	PLACE ISSUED MIAMI, FL
SIGNATURE OF: Kara Richardson, Admissions Coordinator		

STUDENT ATTESTATION

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

<input checked="" type="checkbox"/> <u>Homaira</u>	DATE 20 May 2024
SIGNATURE OF: Homaira Binta Hossain	
<input checked="" type="checkbox"/>	
NAME OF PARENT OR GUARDIAN	SIGNATURE
	ADDRESS (city/state or province/country)
	DATE

SEVIS ID: N0033960787 (F-2)
REMARKS FOR STUDENT

NAME: Wafi Bin Hassan

STUDENT'S EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
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TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission F-2 DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003
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STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 30 NOVEMBER 2025	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

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.

Kara Richardson **SIGNATURE OF:** Kara Richardson, Admissions Coordinator **DATE ISSUED** 16 April 2025 **PLACE ISSUED** MIAMI, FL

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.

Homaira **SIGNATURE OF:** Homaira Binta Hossain **DATE** 16 April 2025

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

SEVIS ID: N0033960787 (F-2)
REMARKS FOR STUDENT

NAME: Wafi Bin Hassan

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STUDENT'S EMPLOYMENT AUTHORIZATIONS

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CHANGE OF STATUS/CAP-GAP EXTENSION

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STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
07 APRIL 2025	27 JUNE 2025

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission F-2 DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Globalcom Enterprises Antares Miami	SCHOOL CODE AND APPROVAL DATE CHI214F10645003 27 MAY 2003
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STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES Student is attending for English language instruction.	EARLIEST ADMISSION DATE
START OF CLASSES 28 MAY 2024	PROGRAM START/END DATE 28 MAY 2024 - 30 DECEMBER 2029	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 7,020	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (1)	\$ 6,000	Sponsor	\$ 47,557
Other	\$	On-Campus Employment	\$
TOTAL	\$ 20,220	TOTAL	\$ 47,557

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 Kara Richardson **SIGNATURE OF:** Kara Richardson, Admissions Coordinator **DATE ISSUED** 29 September 2025 **PLACE ISSUED** MIAMI, FL

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 Homaira **SIGNATURE OF:** Homaira Binta Hossain **DATE** 29 September 2025

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

SEVIS ID: N0033960787 (F-2)

NAME: Wafi Bin Hassan

REMARKS FOR STUDENT

Vacation

STUDENT'S EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE

07 JULY 2025

CURRENT SESSION END DATE

19 SEPTEMBER 2025

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		



HHRI



Government of the People's Republic of Bangladesh
Office of the Registrar, Birth and Death Registration
Dncc Ward-17
Dhaka North City Corporation, Dhaka
(Rule 9, 10)

জন্ম নিবন্ধন সনদ / Birth Registration Certificate

Date of Registration
21/05/2009

Birth Registration Number
20063090917083713

Date of Issuance
25/10/2014

Date of Birth : 06/11/2006 Sex : Male
In Word : Sixth of November Two Thousand Six

নাম	: ওয়াফি বিন হাসান	Name	: Wafi Bin Hassan
মাতা	: হোমাইরা বিন্তে হোসেন	Mother	: Homaira Binta Hossain
মাতার জাতীয়তা	: বাংলাদেশী	Nationality	: Bangladeshi
পিতা	: এ কে এম রবিউল হাসান	Father	: A K M Robiul Hassan
পিতার জাতীয়তা	: বাংলাদেশী	Nationality	: Bangladeshi
জন্মস্থান	: চট্টগ্রাম, বাংলাদেশ	Place of Birth:	Chattogram, Bangladesh
স্থায়ী ঠিকানা	: ব্রাহ্মনগ্রাম, ধুকুরিয়া বেড়া - ৬৭৪০, ধুকুরিয়া বেড়া, বেলকুচি, সিরাজগঞ্জ	Permanent Address	: Brahmangram, Dhukuria Bera-6740, Dhukaria Bera, Belkuchi, Sirajganj

18.08.25

Seal & Signature

Assistant to Registrar

(Preparation, Verification)

MD. NUR ISLAM MOLLA

Ward Secretary

Ward No.17

Dhaka North City Corporation

18.08.25

Seal & Signature

Registrar

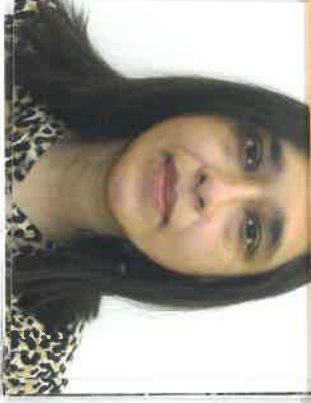
Dr. Mabia Sultana Shova

Assistant Health Officer

Zone-01

Dhaka North City Corporation

Passport Health - Sarasota
2189 Ringling Blvd,
Sarasota, FL 34237
Phone: (941) 655-9022



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USCIS USE ONLY**

**Homaira Hossain
Immigration Physical**

Passport Health - Sarasota
2189 Ringling Blvd,
Sarasota, FL 34237
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**Wafi Hassan
Immigration Physical**

