

Application to Extend/Change Nonimmigrant Status

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-539

OMB No. 1615-0003 Expires 04/30/2018

For USCIS Use Only					Fee Stamp					Action Block	
Returned											
Resubmitted											
Relocated Received Sent											
Ren	arks:	Bent	□ Grant	ted	□ Denied						
			New C	lass		☐ Still within period of stay		l of stay			
				From	/ /	□ S/D 1	to:	o:			
			Dates:	То	/ /	☐ Place under docket control		et control	☐ Applicant interviewed on		
and a smallet all Demonstrations of com-								et this box if G-28 is attached to represent the applicant. The state License Number:			
Par	t 1. Ir	ıforma	ation Ab	out Y	ou			Oth	er Infor	mation	
1.	Alien	Registra	ation Num	be <u>r (A</u> -	Number)		6	ó.	Country	of Birth	
			► A	-							
2.	USCI	S Onlin	e Account	Numbe	r (if any)		7	' .	Country	of Citizenship or Nationality	
		>									
3.a.		y Name <i>Name)</i>	;				8	3.	Date of E	Sirth (mm/dd/yyyy) ▶	
3.b.		Name Name)					9) .	U.S. Soci	ial Security Number (if any)	
3.c.	Middl	e Name	;] _		D		
3.5							, I	10.	Date of L	ast Arrival Into the United States (mm/dd/yyyy) ▶	
		Addres						. :			
4.a.	In Car	e Of Na	ame]			ation about your most recent Form I-94	
4.b. Street Number] 1]	1.a.	1-94 Afri	val-Departure Record Number •		
and Name 4.c. Apt. Ste. Flr.				」] 1	11.b. Passport Number						
4.d. City or Town] 1	11.c. Travel Document Number						
4.e.	State		4.f. Z	IP Code	e		1	1.d.	Country	of Issuance for Passport or Travel Document	
					(USPS ZIP C	ode Lookup)					
Physical Address						1	11.e. Expiration Date for Passport or Travel Document				
5.a.	Street and N	Numbe ame	r				1	2 0	Current N	(mm/dd/yyyy) ► Nonimmigrant Status	
5.b.	Apt.	Ste	e. 🗌 Fli	:. [2.a.	Current	Nomining and Status	
5.c.	City o	r Town] 1	12.b. Expiration Date (<i>mm/dd/yyyy</i>) ▶			
5.d. State 5.e. ZIP Code] 1	12.c. Check this box if you were granted Duration of Status (D/S).				

Par	t 2. Application Type (See instructions for fee)	Par	rt 4. Addition	al Information		
I am	applying for: (Select one)	•	-	al Applicant, provide	our currer	ıt Passpoi
1.	An extension of stay in my current status.		rmation:			
2.a.	A change of status. The new status and effective date of change. (mm/dd/yyyy) ▶	1.a.	Country of Issua	ance for Passport		
2.b.	The change of status I am requesting is:	1.b.	Expiration Date	for Passport (mm/dd/yyyy) ▶		
3.	Reinstatement to student status.	For	reign Home Ad	ddress		
Num	ber of people included in this application: (Select one)	2.a.				
4.	I am the only applicant.	2 h	and Name			
5.a.	Members of my family are filing this application with me.		Apt. Ste. City or Town	☐ Flr. ☐		
5.b.	application is: (Complete the supplement for each		Province			
	co-applicant.)	2.e.	Postal Code			
Par	t 3. Processing Information	2.f.	Country			
1.a.	I/We request that my/our current or requested status be extended until (mm/dd/yyyy) ▶	ques	_	questions. If you ans		•
1.b.	Check this box if you were granted, or are seeking, Duration of Status (D/S).	3.	Are you, or any	other person included an immigrant visa?	l on the app	plication,
2.a.	Is this application based on an extension or change of status already granted to your spouse, child, or parent? YesNo	4.	Has an immigra	nt petition EVER been included in this appl	n filed for	
	If "Yes," provide USCIS Receipt Number. Is this application based on a separate petition or application	5.	Residence or Ac	, Application to Regis ljust Status, EVER be son included in this a	ster Permar en filed by	nent y you or
J.a.	to give your spouse, child, or parent an extension or change				Yes	No
	of status? Yes, filed with this I-539. No	6.		y other person include ested or convicted of a		
	Yes, filed previously and pending with USCIS.			is the United States?	Yes	No
	If pending with USCIS, provide USCIS Receipt Number	EVE	R ordered, incited	or person included on the digital of	ed, assisted	l, helped
	e petition or application is pending with USCIS, also give following data:	7.	-	orture or genocide?	Yes	☐ No
3.c.	First and last name of petitioner or applicant	8.	Killing any pers	on?	Yes	No
	and the final of political of approximate	9.	Intentionally and	d severely injuring an	v person?	
Offic	te where petition or application filed:				Yes	No
3.d.	City or Town	10.		kind of sexual contact was being forced or t		
3.e.	State		J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<i>6</i> 31 0	Yes	No
3.f.	Date Filed (mm/dd/yyyy) ►	11.	Limiting or deny	ying any person's abil ?	ity to exerc	cise No

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Par	t 4. Additional Information (continued)	20. Are you, or any other person included in this application, currently or have you ever been a J-1 exchange visitor or			
12.	Have you, or any other person included on the application, EVER served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes No	a J-2 dependent of a J-1 exchange visitor? Yes No If "Yes," you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in Part 4. Additional			
13.	Have you, or any other person included in this application, EVER served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No	Information for Answers to Item Numbers 18., 19. and 20. Part 5. Applicant's Statement, Contact Information, Certification and Signature			
14.	Have you, or any other person included in this application, EVER been a member of, assisted in, 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	 NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2. 1.a.			
15.	Have you, or any other person included in this application, EVER assisted or participated in selling, providing, or transporting weapons to any person who to your knowledge, used them against another person? Yes No	1.b. The interpreter named in Part 6. has also read to me every question and instruction on this form, as well as my answer to every question, in			
16.	Have you, or any other person included in this application, EVER received any type of military, paramilitary, or weapons training? Yes No	a language in which I am fluent. I understand every question and instruction on this form as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.			
17.	Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold? Yes No	2.			
18.	Are you, or any other person included in this application, now in removal proceedings? Yes No	representative, preparing this form for me.			
remo	res," provide the following information concerning the eval proceedings in Part 4. Additional Information for wers to Item Numbers 18., 19., and 20. Include the name e person in removal proceedings and information on diction, date proceedings began, and status of proceedings.	Applicant's Certification I certify, under penalty of perjury, that the information in my form and any document submitted with my form is true and correct. Copies of any documents I have submitted are exact photocopies of unaltered original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the benefit that I seek.			
19.	Have you, or any other person included in this application, been employed in the United States since last admitted or granted an extension or change of status? Yes No				
Part Nun	To," fully describe how you are supporting yourself in 4. Additional Information for Answers to Item abers 18., 19., and 20. Include documentary evidence of	I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.			
If "Y Info Inclu	Tes," fully describe the employment in Part 4. Additional remation for Answers to Item Numbers 18., 19., and 20. adde the name of the person employed, name and address of mployer, weekly income, and whether the employment was ifically authorized by USCIS.	3.a. Applicant's Signature ⇒ 3.b. Date of Signature (mm/dd/yyyy) ▶			

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Par	t 5. Applicant's Statement, Contact Information,	Inte	erpreter Certification				
Cer	tification and Signature (continued)	I cer	tify that:				
App	olicant's Contact Information		fluent in English and, which e same language provided in Part 5., Item Number 1.b .;				
4.	Applicant's Daytime Telephone Number	this f	e read to this applicant every question and instruction on form, as well as the answer every question, in the language				
5.	Applicant's Mobile Telephone Number	provided in Part 5., Item Number 1.b. ; and The applicant has informed me that he or she understands every					
6.	Applicant's E-mail Address	quest	iction and question on the form, as well as the answer to every ion, and the applicant verified the accuracy of every answer				
		6.a.	Interpreter's Signature				
	et 6. Contact Information, Statement, etification, and Signature of the Interpreter	6.b.	Date of Signature (mm/dd/yyyy) ▶				
Prov	ide the following information concerning the interpreter: Interpreter's Family Name (Last Name)	Sign	et 7. Contact Information, Certification, and nature of the Person Preparing this plication, If Other Than the Applicant				
1.a.	Interpreter's Family Name (Last Name)	Pre	parer's Full Name				
1.b.	Interpreter's Given Name (First Name)		ide the following information concerning the preparer:				
2.	Interpreter's Business or Organization Name (if any)	1.a.	Preparer's Family Name (Last Name)				
_ .	Interpreter's Business of Organization (value (ij uniy)	1.b.	Preparer's Given Name (First Name)				
Inte	erpreter's Mailing Address						
3.a.	Street Number and Name	2.	Preparer's Business or Organization Name				
3.b.	Apt. Ste. Flr.	Pre	parer's Mailing Address				
	City or Town	3.a.	Street Number and Name				
	State 3.e. ZIP Code	3.b.	Apt. Ste. Flr.				
3.f.	Province Province	3.c.	City or Town				
	Postal Code Country	3.d.	State 3.e. ZIP Code				
J.II.	Country	3.f.	Province				
Inte	erpreter's Contact Information		Postal Code				
4.	Interpreter's Daytime Telephone Number	3.h.	Country				
5.	Interpreter's E-mail Address						

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Part 7. Contact Information, Certification, and Signature of the Person Preparing this Application, If Other than the Applicant (continued)

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

8.a.	Preparer's Signature		
8.b.	Date of Signature (mm/dd/yyy	y) >	

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Part 4. (continued) Additional Information for Answers to Item Numbers 18., 19., and 20.

income, and whether the employment was specifically If you answered "Yes" to Item Number 18. in Part 4. of this authorized by USCIS. form, give the following information concerning the removal proceedings. Include the name of the person in removal 3. proceedings and information on jurisdiction, date proceedings began, and status of proceedings. 1. If you answered "Yes" to Item Number 20. in Part 4. of this form, list the name and dates of the person or persons who maintained status as a J-1 exchange visitor or J-2 dependent. If you answered "No" to Item Number 19. in Part 4. of this 4. form, fully describe how you are supporting yourself. Include the source, amount, and basis for any income. 2.

If you answered "Yes" to Item Number 19. in Part 4. of this

form, fully describe the employment. Include the name of the

person employed, name and address of the employer, weekly

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Person Two Supplement A. Attach to Form I-539 when more 2.a. Family Name than one person is included in this application. (Last Name) (List each person separately. Do not include the 2.b. Given Name person named in Form I-539.) (First Name) **2.c.** Middle Name **Person One** Family Name (mm/dd/yyyy) ▶ 2.d. Date of Birth (Last Name) **1.b.** Given Name **2.e.** Country of Birth (First Name) Middle Name 2.f. Country of Citizenship or Nationality **1.d.** Date of Birth (mm/dd/yyyy) ▶ Country of Birth **2.g.** U.S. Social Security Number (*if any*) Country of Citizenship or Nationality **2.h.** Alien Registration Number (A-Number) 1.f. ► A-U.S. Social Security Number (if any) **2.i.** Date of Arrival (mm/dd/yyyy) ▶ 2.j. I-94 Arrival/Departure Record Number **1.h.** Alien Registration Number (A-Number) 2.k. Passport Number Date of Arrival (*mm/dd/yyyy*) ▶ Travel Document Number I-94 Arrival/Departure Record Number 2.m. Country of Issuance for Passport or Travel Document 1.k. Passport Number Travel Document Number 2.n. Expiration Date for Passport or Travel Document 1.l. (mm/dd/yyyy) ▶ 1.m. Country of Issuance for Passport or Travel Document 2.o. Current Nonimmigrant Status

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2.p. Expiration Date (*mm/dd/yyyy*) ▶

1.n. Expiration Date for Passport or Travel Document

Current Nonimmigrant Status

1.p. Expiration Date (mm/dd/yyyy)

1.o.

(mm/dd/yyyy) ▶

Supplement A. Attach to Form I-539 when more than one person is included in this application.

(List each person separately. Do not include the

pers	son named in Form I-539.) (continued)	4.b.	Given Name (First Name)
Pers	son Three	4.c.	Middle Name
3.a.	Family Name (Last Name)	4.d.	Date of Birth (mm/dd/yyyy) ▶
3.b.	Given Name (First Name)	4.e.	Country of Birth
3.c.	Middle Name	4.f.	Country of Citizenship or Nationality
3.d.	Date of Birth (mm/dd/yyyy) ▶	7.1.	Country of Citizenship of Nationality
3.e.	Country of Birth	4.g.	U.S. Social Security Number (if any)
3.f.	Country of Citizenship or Nationality	4.h.	Alien Registration Number (A-Number) ▶ A-
3.g.	U.S. Social Security Number (if any)	4.i.	Date of Arrival (mm/dd/yyyy) ▶
3.h.	Alien Registration Number (A-Number) ► A-	4.j.	I-94 Arrival/Departure Record Number Page 27 Number
3.i.	Date of Arrival (mm/dd/yyyy) ▶	4.k.	Passport Number
3.j.	I-94 Arrival/Departure Record Number	4.l.	Travel Document Number
		4.m.	Country of Issuance for Passport or Travel Document
3.k.	Passport Number		
3.1.	Travel Document Number	4.n.	Expiration Date for Passport or Travel Document
			(mm/dd/yyyy) ▶
3.m.	Country of Issuance for Passport or Travel Document	4.0.	Current Nonimmigrant Status
3.n.	Expiration Date for Passport or Travel Document (mm/dd/yyyy)	4.p.	Expiration Date (<i>mm/dd/yyyy</i>) ►
3.0.	Current Nonimmigrant Status		
3.p.	Expiration Date (mm/dd/yyyy) ►		

Person Four

4.a. Family Name (*Last Name*)

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Supplement A. Attach to Form I-539 when more than one person is included in this application. (List each person separately. Do not include the person named in Form I-539.) (continued) Person Five

5.a.	Family Name (Last Name)
5.b.	Given Name (First Name)
5.c.	Middle Name
5.d.	Date of Birth (mm/dd/yyyy) ▶
5.e.	Country of Birth
5.f.	Country of Citizenship or Nationality
5.g.	U.S. Social Security Number (if any)
J.g.	U.S. Social Security Number (ij any)
5.h.	Alien Registration Number (A-Number)
	▶ A-
- :	Date of Act at (/11/) >
5.i.	Date of Arrival (mm/dd/yyyy) ▶
5.j.	I-94 Arrival/Departure Record Number
	▶
- 1	D
5.k.	Passport Number
5.l.	Travel Document Number
<i></i>	Country of Issuance for Decement on Troyal Decument
5.III.	Country of Issuance for Passport or Travel Document
5.n.	Expiration Date for Passport or Travel Document
	(mm/dd/yyyy) ►
5.0.	Current Nonimmigrant Status
5.p.	Expiration Date (<i>mm/dd/yyyy</i>) ►

Pers	son Six					
6.a.	Family Name (Last Name)					
6.b.	Given Name (First Name)					
6.c.	Middle Name					
6.d.	Date of Birth (mm/dd/yyyy) ▶					
6.e.	Country of Birth					
6.f.	Country of Citizenship or Nationality					
6.g.	U.S. Social Security Number (if any)					
6.h.	Alien Registration Number (A-Number) ► A-					
6.i.	Date of Arrival (mm/dd/yyyy) ▶					
6.j.	I-94 Arrival/Departure Record Number					
6.k.	Passport Number					
6.l.	Travel Document Number					
6.m.	Country of Issuance for Passport or Travel Document					
6.n.	Expiration Date for Passport or Travel Document (mm/dd/yyyy)					
6.0.	Current Nonimmigrant Status					

6.p. Expiration Date (*mm/dd/yyyy*) ►

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