



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 12/31/2024

For USCIS Use Only		Fee Stamp	Action Block
Returned			
Resubmitted			
Relocated	Received		
	Sent		
Remarks:	<input type="checkbox"/> Granted	<input type="checkbox"/> Denied	
	New Class _____	<input type="checkbox"/> Still within period of stay	
	Dates: From ___/___/___	<input type="checkbox"/> S/D to: _____	
	To ___/___/___	<input type="checkbox"/> Place under docket control	<input type="checkbox"/> Applicant interviewed on _____

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

Part 1. Information About You

Your Full Name

1.a. Family Name (Last Name) _____

1.b. Given Name (First Name) _____

1.c. Middle Name _____

2. Alien Registration Number (A-Number) (if any)
▶ A- _____

3. USCIS Online Account Number (if any)
▶ _____

U.S. Mailing Address

4.a. In Care Of Name (if any) _____

4.b. Street Number and Name _____

4.c. Apt. Ste. Flr. _____

4.d. City or Town _____

4.e. State _____ 4.f. ZIP Code _____
[\(USPS ZIP Code Lookup\)](#)

U.S. Physical Address

5.a. Street Number and Name _____

5.b. Apt. Ste. Flr. _____

5.c. City or Town _____

5.d. State _____ 5.e. ZIP Code _____

Other Information About You

6. Country of Birth _____

7. Country of Citizenship or Nationality _____

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

9. U.S. Social Security Number (if any)
▶ _____

10. Date of Last Arrival Into the United States (mm/dd/yyyy) _____

Provide Information About Your Most Recent Entry Into the United States

11. Form I-94 Arrival-Departure Record Number
▶ _____

12. Passport Number _____

Part 1. Information about You (continued)

13. Travel Document Number

14.a. Country of Passport or Travel Document Issuance

14.b. Passport or Travel Document Expiration Date (mm/dd/yyyy)

15.a. Current Nonimmigrant Status (e.g. F-1 student, H-4 dependent, etc.)

15.b. Expiration Date (mm/dd/yyyy)

16. Select this box if you were granted Duration of Status (D/S).

Part 2. Application Type

I am applying for (select **only one** box):

- 1. Reinstatement to student status.
- 2. An extension of stay in my current status.
- 3.a. A change of status.
- 3.b. New status and effective date of change (mm/dd/yyyy)
- 3.c. The change of status I am requesting is:

Number of people included in this application (select **only one** box):

- 4. I am the only applicant.
- 5.a. Members of my family are filing this application with me.
- 5.b. The total number of people (including me) in the application is: (Complete the supplement for each co-applicant.)

Part 3. Processing Information

1. I/We request that my/our current or requested status be extended until (mm/dd/yyyy):

2.a. Is this application based on an extension or change of status already granted to your spouse, child, or parent? Yes No

2.b. If you answered "Yes" to **Item Number 2.a.**, provide USCIS Receipt Number.

3.a. Is this application based on a separate petition or application to provide your spouse, child, or parent an extension or change of status? Yes, filed with this Form I-539. No Yes, filed previously and pending with U.S. Citizenship and Immigration Services (USCIS).

3.b. If pending with USCIS, provide USCIS Receipt Number.

If the petition or application is pending with USCIS, also provide the following information:

4. First and Last Name of Petitioner or Applicant

5. Date Filed (mm/dd/yyyy)

Part 4. Additional Information About the Applicant

Provide Your Current Passport Information (if different from **Part 1.**)

1.a. Passport Number

1.b. Country of Passport Issuance

1.c. Passport Expiration Date (mm/dd/yyyy)

Physical Address Abroad

2.a. Street Number and Name

2.b. Apt. Ste. Flr.

2.c. City or Town

2.d. Province

2.e. Postal Code

2.f. Country

Answer the following questions. If you answer "Yes" to any of the questions in **Item Numbers 3. - 15.**, use the space provided in **Part 8. Additional Information** to provide an explanation.

Part 4. Additional Information About the Applicant (continued)

- 3. Are you, or any other person included on the application, an applicant for an immigrant visa? Yes No
- 4. Has an immigrant petition **EVER** been filed for you or for any other person included in this application? Yes No
- 5. Has Form I-485, Application to Register Permanent Residence or Adjust Status, **EVER** been filed by you or by any other person included in this application? Yes No
- 6. Have you, or any other person included in this application, **EVER** been arrested or convicted of any criminal offense since last entering the United States? Yes No

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

- 7.a. Acts involving torture or genocide? Yes No
- 7.b. Killing any person? Yes No
- 7.c. Intentionally and severely injuring any person? Yes No
- 7.d. Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? Yes No
- 7.e. Limiting or denying any person's ability to exercise religious beliefs? Yes No

Have you, or any other person included on the application, **EVER**:

- 8.a. Served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, insurgent organization, or any other armed group? Yes No
- 8.b. Worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
- 9. Have you, or any other person included in this application, **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

- 10. 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
- 11. Have you, or any other person included in this application, **EVER** received any type of military, paramilitary, or weapons training? Yes No
- 12. 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
- 13. Are you, or any other person included in this application, now in removal proceedings? Yes No

If you answered "Yes" to **Item Number 13.**, provide the following information concerning the removal proceedings in the space provided in **Part 8. Additional Information**. Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.

- 14. 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

If you answered "No" to **Item Number 14.**, fully describe how you are supporting yourself in **Part 8. Additional Information**. Include documentary evidence of the source, amount, and basis for any income.

If you answered "Yes" to **Item Number 14.**, fully describe the employment in **Part 8. Additional Information**. Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

- 15. Are you, or any other person included in this application, currently or have you ever been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor? Yes No

If you answered "Yes" to **Item Number 15.**, you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in **Part 8. Additional Information**.

Part 5. Applicant's Statement, Contact Information, Declaration, Certification and Signature

NOTE: Read the **Penalties** section of the Form I-539 Instructions before completing this section.

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 6.** 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 7.**, , 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)

Applicant's Declaration and Certification

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

I furthermore authorize release of information contained in this 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 will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

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

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

Applicant's Signature

- 6.a. Applicant's Signature
- 6.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 6. Interpreter's Contact Information, Statement, 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 6. Interpreter's Contact Information, Statement, Certification, and Signature
(continued)

Interpreter's Mailing Address

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

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (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 5., 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 Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

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

Part 7. 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

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 7. 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 Declaration and 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)

Part 8. 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)
 ▶ A-

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

3.d.

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

4.d.

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

5.d.

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

6.d.

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

7.d.

