

#### **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

Fee Stamp **Action Block** For USCIS Use Only Returned Resubmitted Received Relocated Sent □ Denied Remarks: □ Granted New Class ☐ Still within period of stay From □ S/D to: \_\_\_\_ Dates: То ☐ Place under docket control ☐ Applicant interviewed on Select this box if G-28 is attached to represent the applicant. To Be Completed by an Attorney or Accredited Representative, if any. Attorney State License Number: Part 1. Information About You Other Information 1. Alien Registration Number (A-Number) Country of Birth 7. Country of Citizenship or Nationality 2. USCIS Online Account Number (if any) Family Name 8. Date of Birth (mm/dd/yyyy) ▶ (Last Name) Given Name 9. U.S. Social Security Number (if any) (First Name) **3.c.** Middle Name Date of Last Arrival Into the United States 10. (mm/dd/yyyy) ▶ **Mailing Address 4.a.** In Care Of Name Provide information about your most recent Form I-94 11.a. I-94 Arrival-Departure Record Number **4.b.** Street Number and Name 11.b. Passport Number **4.c.** Apt. Ste. Flr. 11.c. Travel Document Number 4.d. City or Town 11.d. Country of Issuance for Passport or Travel Document ZIP Code **4.e.** State (USPS ZIP Code Lookup) 11.e. Expiration Date for Passport or Travel Document Physical Address (mm/dd/yyyy) ▶ Street Number 5.a. and Name 12.a. Current Nonimmigrant Status **5.b.** Apt. Ste. Flr. City or Town **12.b.** Expiration Date (*mm/dd/yyyy*) ▶ 5.e. ZIP Code **5.d.** State **12.c.** Check this box if you were granted Duration of Status (D/S).

Par	<b>t 2. Application Type</b> (See instructions for fee)	Par	rt 4. Addition	al Information		
I am	applying for: (Select one)	•		l Applicant, provide	your curren	t Passpor
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	ince 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	ldress		
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 circumstances in deta		•
1.b.	Check this box if you were granted, or are seeking, Duration of Status (D/S).	<b>3.</b>	Are you, or any	other person included an immigrant visa?	l on the app	olication,
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 immigran	nt petition EVER bee	n filed for y	
	If "Yes," provide USCIS Receipt Number.  ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	5.	Residence or Ad	, Application to Regis ljust Status, EVER be son included in this a	en filed by pplication?	you or
	to give your spouse, child, or parent an extension or change of status?  Yes, filed with this I-539.  Yes, filed previously and pending with USCIS.	6.	EVER been arre	y other person include sted or convicted of a g the United States?		
	If pending with USCIS, provide USCIS Receipt Number	EVE	R ordered, incited	r person included on the called for, committed the committed in any of the	ed, assisted	, helped
	e petition or application is pending with USCIS, also give ollowing data:	7.	•	orture or genocide?	Yes	No
	First and last name of petitioner or applicant	8.	Killing any pers	on?	Yes	No
	a not unto table familie of poststoner or approvate	9.	Intentionally and	d severely injuring an	v person?	
Offic	ce 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	<i>5</i>	Yes	No
3.f.	Date Filed (mm/dd/yyyy) ►	11.	Limiting or deny religious beliefs	ving any person's abil?	ity to exerc	ise No

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Par	rt 4. Additional Information (continued)	<b>20.</b> 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 <b>Part 4. Additional</b>	
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.   I can read and understand English, and have read and understand each and every question and instruction on this form, as well as my answer to every question.	
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	<b>1.b.</b> The interpreter named in <b>Part 6.</b> 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.	
If "Yes," provide the following information concerning the removal proceedings in Part 4. Additional Information for Answers to Item Numbers 18., 19., and 20. Include the name of the person in removal proceedings and information on jurisdiction, 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	
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	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.	
Part Nun	Jo," 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	Yes," fully describe the employment in <b>Part 4. Additional rmation for Answers to Item Numbers 18., 19., and 20.</b> added the name of the person employed, name and address of employer, weekly income, and whether the employment was ifficially authorized by USCIS.	3.a. Applicant's Signature  ⇒   3.b. Date of Signature (mm/dd/yyyy) ▶	

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Par	rt 5. Applicant's Statement, Contact Information,	Interpreter Certification			
Certification and Signature (continued)		I certi	fy that:		
App	plicant's Contact Information		uent in English and, which same language provided in <b>Part 5., Item Number 1.b.</b> ;		
4. Applicant's Daytime Telephone Number		I have read to this applicant every question and instruction on this form, as well as the answer every question, in the language			
5.	Applicant's Mobile Telephone Number	The ap	ed in Part 5., Item Number 1.b.; and eplicant has informed me that he or she understands every		
6.	Applicant's E-mail Address	questio	tion and question on the form, as well as the answer to every on, and the applicant verified the accuracy of every answer		
		6.a.	Interpreter's Signature		
	rt 6. Contact Information, Statement, rtification, and Signature of the Interpreter	6.b.	Date of Signature (mm/dd/yyyy) ►		
Prov	ride the following information concerning the interpreter:  Interpreter's Family Name (Last Name)	Sign	7. Contact Information, Certification, and ature of the Person Preparing this lication, If Other Than the Applicant		
1.a.	incrpreter's Faining Ivanic (Last Ivanie)	Prep	arer's Full Name		
1.b.	Interpreter's Given Name (First Name)		le the following information concerning the preparer:  Preparer's Family Name (Last Name)		
2.	Interpreter's Business or Organization Name (if any)	1.a.	reparers raining ivalue (Lusi ivame)		
		1.b.	Preparer's Given Name (First Name)		
Inte	erpreter's Mailing Address	2.	Preparer's Business or Organization Name		
3.a.	Street Number and Name	2.	rreparer's Business of Organization Name		
3.b.	Apt. Ste. Flr.	Prep	arer's Mailing Address		
3.c.	City or Town	3.a.	Street Number and Name		
3.d.	State 3.e. ZIP Code	3.b.	Apt. Ste. Flr.		
3.f.	Province	3.c.	City or Town		
3.g.	Postal Code	3.d.	State 3.e. ZIP Code		
3.h.	Country	3.f.	Province		
Trat	ammatania Contract Information	3.g.	Postal Code		
	erpreter's Contact Information	3.h.	Country		
4.	Interpreter's Daytime Telephone Number				
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)

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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) <b>&gt;</b>	

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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

per	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-		
<b>-</b> :	D. (. (. (. (. (. (. (. (. (. (. (. (. (.		
5.i.	Date of Arrival (mm/dd/yyyy) ▶		
5.j.	I-94 Arrival/Departure Record Number		
	<b>▶</b>		
5.k.	Passport Number		
5.l.	Travel Document Number		
_			
5.m.	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		
0.			
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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