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 03/31/2027

For USCIS Use Only		Fee Stamp	Action Block
Returned			
Resubmitted			
Relocated	**Received**		
	Sent		

Remarks:	☐ **Granted**	☐ **Denied**
	New Class _____	☐ Still within period of stay
	Dates: From ___/___/_____	☐ S/D to: _____
	To ___/___/_____	☐ Place under docket control

☐ **Applicant interviewed on** _____

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

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

Part 1. Information About You

1. Your Full Legal Name

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

2. Alien Registration Number (A-Number) (if any)
► **A-**

3. USCIS Online Account Number (if any)
►

4. Your U.S. Mailing Address (Safe Address, if applicable)

In Care Of Name (if any)

Street Number and Name | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town | State | ZIP Code

5. Is your mailing address the same as your physical address? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 5.** skip to **Item Number 7.** If you answered "No" to **Item Number 5.**, provide information on your physical address in **Item Number 6.**

6. Your Current Physical Address

Street Number and Name | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town | State | ZIP Code

Part 1. Information About You (continued)

Other Information About You

7. Country of Birth

8. Country of Citizenship or Nationality

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

10. U.S. Social Security Number (if any)

►

11. Provide Information About Your Most Recent Entry Into the United States

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

Form I-94 Arrival-Departure Record Number

►

Passport Number (if any)

Travel Document Number (if any)

Country of Passport or Travel Document Issuance

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

12. Current Nonimmigrant Status (for example, F-1 student, H-4 dependent, etc.)

Date Status Expires (mm/dd/yyyy)

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

Part 2. Application Type

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

☐ Reinstatement to student status.

☐ An extension of stay in my current status.

☐ A change of status.

2. If you are applying for a change of status or change of employer/information medium, complete the following:

I am requesting to change my status or employer/information medium to:

I am requesting the change to be effective (mm/dd/yyyy)

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

☐ I am the only applicant.

☐ I am filing this application for myself and members of my family.

4. The total number of people (including me) in the application is: (Form I-539A is required for each co-applicant.)

5. The name of the school you will attend (if applicable) as an Academic Student, Vocational Student, or Exchange Visitor.

6. Your Student and Exchange Visitor Information System (SEVIS) ID Number, if applicable.

Part 3. Processing Information

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

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

Part 3. Processing Information (continued)

3. 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).

4. If you answered "Yes" to **Item Number 2.** or **Item Number 3.**, select the Form type below.

- ☐ Form I-539, Application to Extend/Change Nonimmigrant Status
- ☐ Form I-129, Petition for a Nonimmigrant Worker

5. If you answered "Yes" to **Item Number 2.** or **3.**, provide the USCIS Receipt Number. ►

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

6. First and Last Name of Beneficiary or Applicant

First Name of Beneficiary or Applicant

Last Name of Beneficiary or Applicant

7. Date Filed (mm/dd/yyyy)

Part 4. Additional Information About the Principal Applicant

1. Current Passport Information

If your current passport information is different from the information you provided in **Part 1.**, provide your current passport information. If your current passport information matches the information you provided in **Part 1.**, proceed to **Item Number 3.**

Passport Number

Country of Passport Issuance

Passport Expiration Date (mm/dd/yyyy)

2. Physical Address Abroad

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

Province

Postal Code

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.

3. Are you an applicant for an immigrant visa? ☐ Yes ☐ No

4. Has an immigrant petition **EVER** been filed for you? ☐ Yes ☐ No

5. Have you **EVER** filed Form I-485, Application to Register Permanent Residence or Adjust Status? ☐ Yes ☐ No

Part 4. Additional Information About the Applicant (continued)

6. Have you been arrested or convicted of any criminal offense since last entering the United States? ☐ Yes ☐ No

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

10. 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

11. Have you **EVER** received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☐ No

12. Have you **EVER** violated the terms of the nonimmigrant status you now hold? ☐ Yes ☐ No

13. Are you now in removal proceedings? ☐ Yes ☐ No

14. Have you **EVER** 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 any and all periods of employment in **Part 8. Additional Information**. Include the name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

15. Are you 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 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 6.**, 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 6. 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 they understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Declaration, 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 their 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 they understand the responses and information in or submitted with the application.

6. Preparer's Signature

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

2. A-Number ►**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