



# 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


## Part 1. Information About You

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

## Mailing Address

4.d.

☐☐

**Part 2. Application Type** (See instructions for fee)

I am applying for: (Select one)

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

Number of people included in this application: (Select one)

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.a. I/We request that my/our current or requested status be extended until (mm/dd/yyyy)
- 1.b. ☐ Check this box if you were granted, or are seeking, Duration of Status (D/S).
- 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 "Yes," provide USCIS Receipt Number.  
▶
- 3.a. Is this application based on a separate petition or application to give your spouse, child, or parent an extension or change of status?  
☐ Yes, filed with this I-539. ☐ No  
☐ Yes, filed previously and pending with USCIS.
- 3.b. If pending with USCIS, provide USCIS Receipt Number  
▶

If the petition or application is pending with USCIS, also give the following data:

- 3.c. First and last name of petitioner or applicant
- Office where petition or application filed:
- 3.d. City or Town
- 3.e. State
- 3.f. Date Filed (mm/dd/yyyy)

**Part 4. Additional Information**

If you are the Principal Applicant, provide your current Passport information:

- 1.a. Country of Issuance for Passport
- 1.b. Expiration Date for Passport (mm/dd/yyyy)

**Foreign Home Address**

- 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 question, describe the circumstances in detail and explain on a separate sheet of paper.

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. Acts involving torture or genocide? ☐ Yes ☐ No
8. Killing any person? ☐ Yes ☐ No
9. Intentionally and severely injuring any person?  
☐ Yes ☐ No
10. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?  
☐ Yes ☐ No
11. Limiting or denying any person's ability to exercise religious beliefs?  
☐ Yes ☐ No

#### Part 4. Additional Information (continued)

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
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
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
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
16. Have you, or any other person included in this application, EVER received any type of military, paramilitary, or weapons training? ☐ Yes ☐ No
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
18. Are you, or any other person included in this application, now in removal proceedings? ☐ Yes ☐ No

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.

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

If "No," fully describe how you are supporting yourself in **Part 4. Additional Information for Answers to Item Numbers 18., 19., and 20.** Include documentary evidence of the source, amount, and basis for any income.

If "Yes," fully describe the employment in **Part 4. Additional Information for Answers to Item Numbers 18., 19., and 20.** Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

20. 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 "Yes," you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in **Part 4. Additional Information for Answers to Item Numbers 18., 19. and 20.**

#### Part 5. Public Benefits

1. Have you or any derivatives listed on this application EVER applied for or received any public benefits as listed in the instructions? ☐ Yes ☐ No

If you answered "Yes," provide information about the public benefits below. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information.**

2.a. Type of Benefit

2.b. Amount of Benefit

\$

☐ Weekly ☐ Monthly ☐ Annually

☐ Other

2.c. Agency That Granted The Benefit

2.d. Date Benefit Was Granted (mm/dd/yyyy)

2.e. Date Benefit Ended or Expires (mm/dd/yyyy)

2.f. Number of Household Members Receiving the Benefit

3.a. Type of Benefit

3.b. Amount of Benefit

\$

☐ Weekly ☐ Monthly ☐ Annually

☐ Other

3.c. Agency That Granted The Benefit



**Part 5. Public Benefits (continued)****3.d.** Date Benefit Was Granted (mm/dd/yyyy)**3.e.** Date Benefit Ended or Expires (mm/dd/yyyy)**3.f.** Number of Household Members Receiving the Benefit**4.a.** Type of Benefit**4.b.** Amount of Benefit☐ Weekly ☐ Monthly ☐ Annually☐ Other**4.c.** Agency That Granted The Benefit**4.d.** Date Benefit Was Granted (mm/dd/yyyy)**4.e.** Date Benefit Ended or Expires (mm/dd/yyyy)**4.f.** Number of Household Members Receiving the Benefit**5.a.** Do you or any derivative listed on this application anticipate applying for or receiving the public benefits, as listed in the Instructions, in the future in the United States?☐ Yes ☐ No**5.b.** Provide information you believe is relevant that would explain why you or any derivative listed on this application anticipate applying for or receiving public benefits in the future. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.  
  
  
  
  
  
  
  
  
**Part 6. Applicant's Statement, Contact Information, Certification and Signature****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.**1.b.** ☐ The interpreter named in **Part 7.** has also read to me every question and instruction on this form, as well as my answer to every question, in

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.

**2.** ☐ I have requested the services of and consented towho is ☐ is not ☐ an attorney or accredited representative, preparing this form for me.**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.

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.

**Federal Agency Disclosure and Authorizations**

I authorize the Social Security Administration (SSA) to verify my Social Security number (to match my name, Social Security number, and date of birth with information in SSA records and provide the results of the match) to USCIS. I authorize SSA to provide explanatory information to USCIS as necessary.



**Part 6. Applicant's Statement, Contact Information, Certification and Signature**  
(continued)

I authorize the SSA, U.S. Department of Agriculture (USDA), and U.S. Department of Health and Human Services (HHS), the Department of Housing and Urban Development (HUD), and any other Government agency that has received and/or adjudicated a request for a public benefit, as defined in 8 CFR 212.21(b), submitted by me or on my behalf, and/or granted one or more public benefits to me, to disclose to USCIS that I have applied for, received, or have been certified to receive, a public benefit from such agency, including the type and amount of benefits, dates of receipt, and any other relevant information provided to the agency for the purpose of obtaining such public benefit, to the extent permitted by law. I also authorize SSA, USDA, HHS, HUD, and any other Government agency to provide any additional data and information to USCIS, to the extent permitted by law.

I authorize custodians of records and other sources of information pertaining to my request for or receipt of public benefits to release information regarding my request for and/or receipt of public benefits, upon the request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above, regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the Federal Government, that the Government will use it only to review my eligibility for immigration benefits and to enforce immigration laws, and that the Government may disclose the information only as authorized by law.

3.a. Applicant's Signature

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

**Applicant's Contact Information**

4. Applicant's Daytime Telephone Number

5. Applicant's Mobile Telephone Number

6. Applicant's E-mail Address

**Part 7. Contact Information, Statement, Certification, and Signature of the Interpreter**

**Interpreter's Full Name**

Provide the following information concerning the interpreter:

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)

**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 E-mail Address

**Part 7. Contact Information, Statement, Certification, and Signature of the Interpreter**  
(continued)

**Interpreter Certification**

**I certify that:**

I am fluent in English and , which is the same language provided in **Part 6., Item Number 1.b.**;

I have read to this applicant every question and instruction on this form, as well as the answer every question, in the language provided in **Part 6., Item Number 1.b.**; and

The applicant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the applicant verified the accuracy of every answer.

**6.a.** Interpreter's Signature

**6.b.** Date of Signature (mm/dd/yyyy)

**Part 8. Contact Information, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant**

**Preparer's Full Name**

Provide the following information concerning the preparer:

**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 Fax Number

**6.** Preparer's E-mail Address

**7.a.** ☐ I am not an attorney or accredited representative but have prepared this form 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 (choose one) extends ☐ does not extend ☐ beyond the preparation of this form.

**Preparer's Certification**

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/yyyy)



## Part 9. 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.

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.

4.a. Page Number

4.b. Part Number

4.c. Item Number

4.d.

7.a. Page Number

7.b. Part Number

7.c. Item Number

7.d.

**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.)

**Person One**

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

**Person Two**

2.a. Family Name (Last Name)   
2.b. Given Name (First Name)   
2.c. Middle Name   
2.d. Date of Birth (mm/dd/yyyy)   
2.e. Country of Birth   
2.f. Country of Citizenship or Nationality   
2.g. U.S. Social Security Number (if any)   
2.h. Alien Registration Number (A-Number)   
2.i. Date of Arrival (mm/dd/yyyy)   
2.j. I-94 Arrival/Departure Record Number   
2.k. Passport Number   
2.l. Travel Document Number   
2.m. Country of Issuance for Passport or Travel Document   
2.n. Expiration Date for Passport or Travel Document (mm/dd/yyyy)   
2.o. Current Nonimmigrant Status   
2.p. Expiration Date (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 person named in Form I-539.) (continued)

**Person Three**

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

**Person Four**

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

5.h. Alien Registration Number (A-Number)

5.i. Date of Arrival (mm/dd/yyyy)

5.j. I-94 Arrival/Departure Record Number

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.o. Current Nonimmigrant Status

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

**Person 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)

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.o. Current Nonimmigrant Status

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