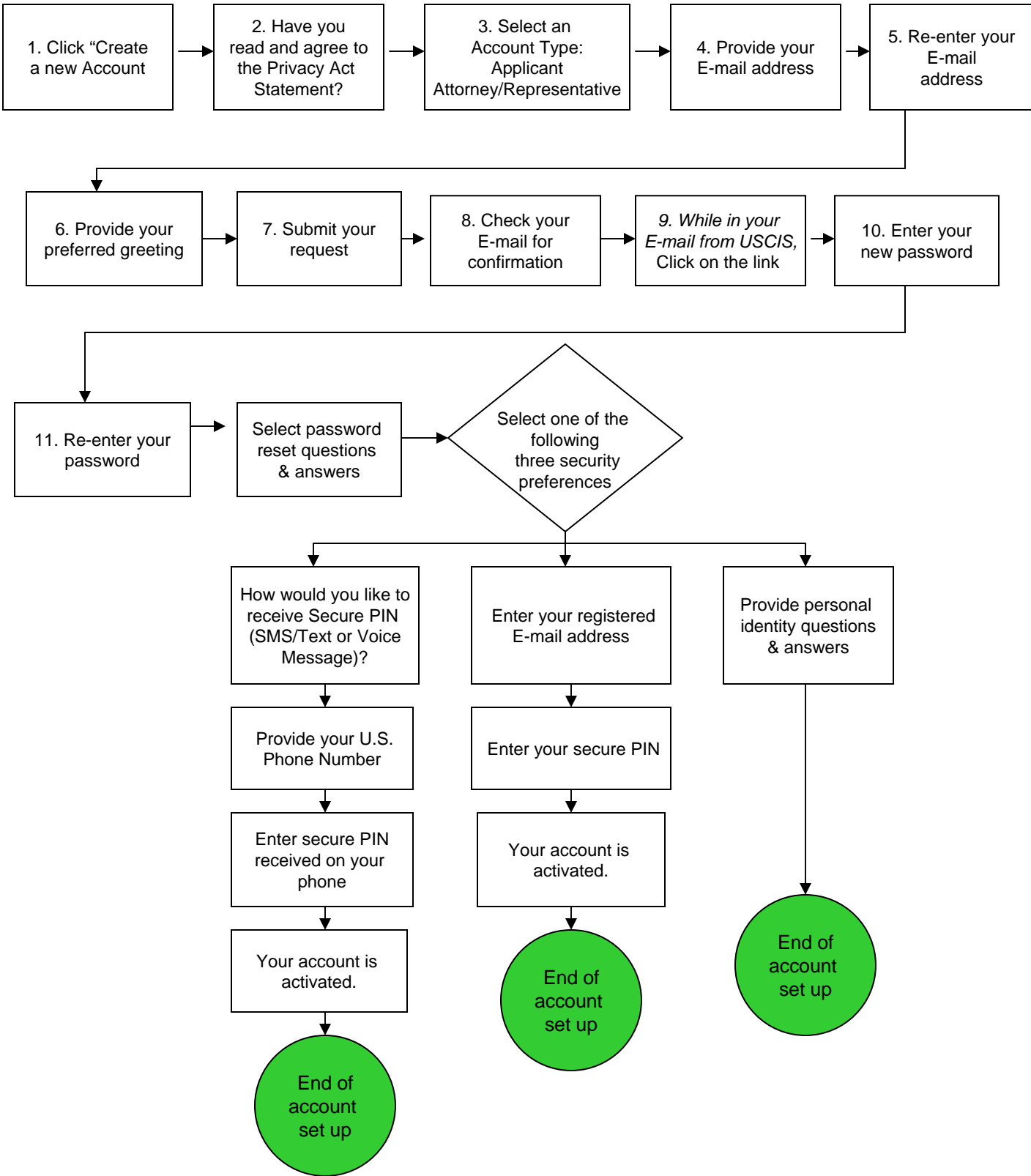




Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

CREATE AN IMMIGRATION ACCOUNT *You must set up an immigration account to begin the process of creating an electronic benefit request. The immigration account may be established at the same time or within 30 days prior to creating the benefit request.*





Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

5. Mailing Address
(If different from Physical Address)
In Care of Name
Street Number
Street Name or
PO Box
Apartment Number
City or Town
State
Zip Code
Province
Postal Code
Country

PART 1 INFORMATION ABOUT YOU

1.a. Do you have a USCIS Account Identifier?

No

2.b. Do you have an Alien Registration Number?

No

3. Your Full Name
Family Name (Last)
Given Name (First)
Middle Name
(If your name has changed due to marriage, divorce, or other reasons, you must submit evidence of the legal name change.)

4. Physical Address
Street Number
Street Name
Apartment Number
City or Town
State
Zip Code
Province
Postal Code
Country

Yes
1.b. Account Identifier

Yes
2.b. Alien Registration #

6. Date of Birth

7. City or Town of Birth

8. State of Birth

9. Province of Birth

10. Country of Birth
(If not in the United States)

11. Gender
(Male or Female)

12. Country of Citizenship

13. What is your current immigration Status?
(See attached Evidence Chart)

14. What was your immigration status at time of most recent arrival to the United States?

15. Place of most recent arrival into the United States
(City or Town)

16. Date of most recent arrival into the United States

17.a. Do you have an I-94/I-94W/I-95 Arrival-Departure Record Number OR an entry stamp in your Passport to establish that you entered under the Visa Waiver Program Electronic System for Travel Authorization?

18. Your Arrival-Departure Record or entry stamp placed in your Passport expires or expired on:
(Date)

19. Are you currently a member of the U.S. Military?
Yes No

20. Have you used any other names other than the name shown in Number 3?
21. – 22. If "Yes" Other Names Used (Multiple Entries)

23. May USCIS contact you by other means other than the U.S. Postal Service?
Yes
E-Mail, Home Phone
Work Phone, Mobile Phone, SMS Text

Yes
17.b. Arrival-Departure Record Number

24. USCIS must have information from an official government-issued identity document that belongs to you if you have one. This identity document **must** contain a photo. Do you have a government-issued photo identity document? If "Yes" provide information from one form of identity document below. If "No" go to Number 25.

Yes
Passport (Country)
Passport Number
Expiration Date

Yes
Driver's License (State)
Driver's License Number
Expiration Date

Yes
Other ID (Issuer)
ID Number
Expiration Date

25. Explain why you do not have a government-issued photo identity document.

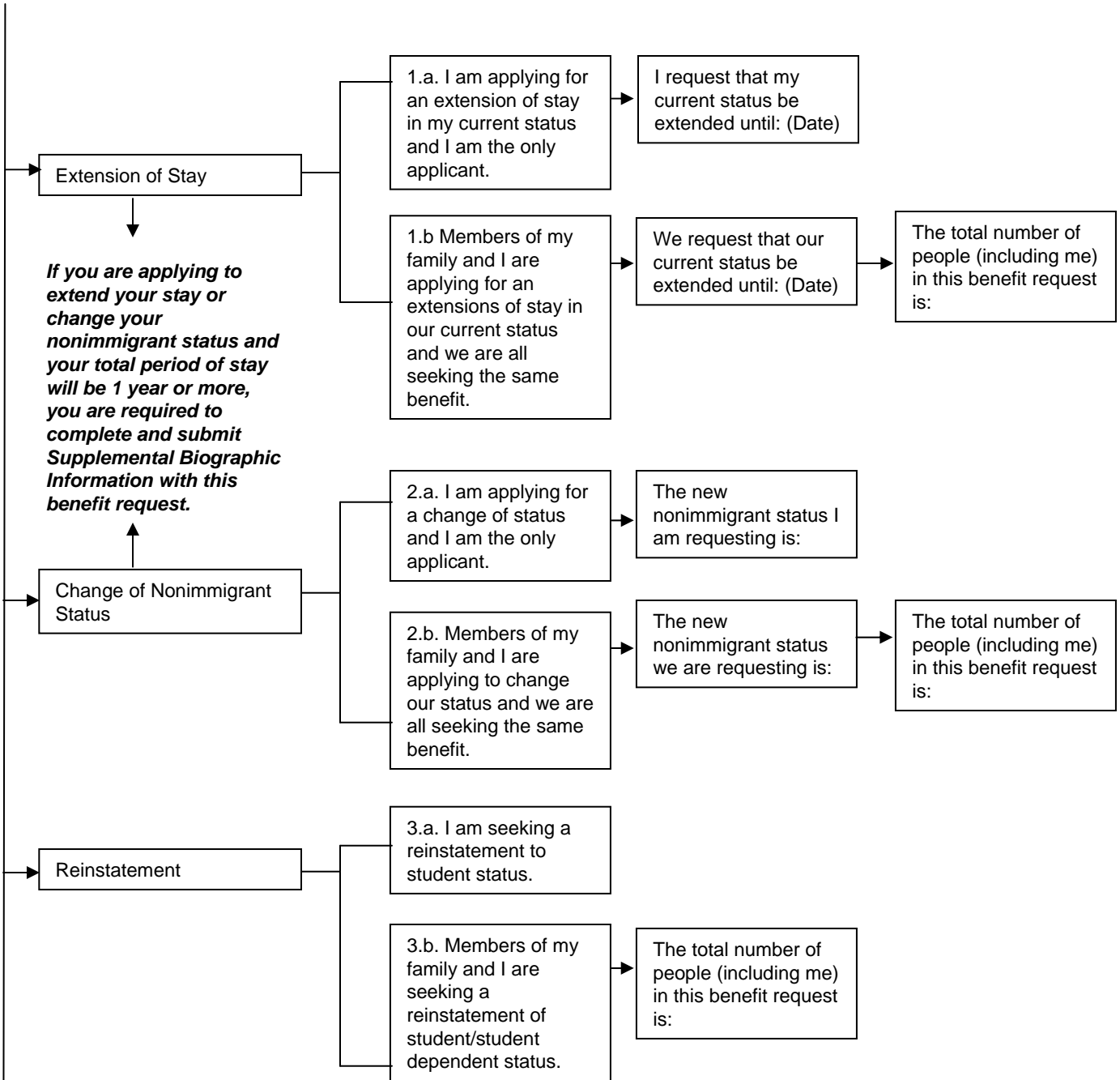
Go to Part 2



Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

PART 2 BENEFIT REQUEST TYPE



If you are an F-1 or M-1 student, you must provide supporting documentation to establish:

- Your violation of status was solely due to circumstances beyond your control or that failure to reinstate you would result in extreme hardship;
- You are or will be pursuing a full course of study;
- You have not been employed without authorization;
- You are not currently in removal proceedings; and
- You have not been out of status for more than 5 months at the time of filing the request for reinstatement.

-You must also provide supporting documentation that demonstrates your ability to pay for your studies and support yourself while in the United States.

Go to Part 3



Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

PART 3 ELIGIBILITY INFORMATION

1. Do you currently have the Form I-94, I-94W or I-95 issued to you in your possession?

Yes

No

You are required to submit a copy of the front and back, of your original Form I-94, I-94W, or I-95.

If "No" provide the reason you are unable to provide your original Form I-94, I-94W, or I-95.

2. Are you filling this benefit request based on a Principal Alien's nonimmigrant status?

Yes

No

If "No" go to Part 3, Number 14

If "Yes" the principal alien is requesting or has acquired nonimmigrant status through:

3.a. A Form I-129, Petition for Nonimmigrant Worker, that is being concurrently filed with this benefit request.

3.b. A Form I-129 or Form I-539 that was previously filed with USCIS.

3.b.1. Provide USCIS Receipt/Case Number

3.c. Inspection and admission into the United States in his or her current nonimmigrant status which is:

3.c.1. Provide nonimmigrant status

Information about the Principal Alien
4. Gender
5.a. Family Name
5.b. Given Name
5.c. Middle Name
6.a. Street Number
6.b. Street Name
6.c. Apartment Number
6.d. City or Town
6.e. State
6.f. Zip Code
7. Principal Alien's Date of Birth
8. Principal Alien's Country of Birth
9. Principal Alien's Country of Citizenship
10. Principal Alien's USCIS Account Identifier (if any)
11. Principal Alien's I-94/I-94W/I-95 Arrival-Departure Record Number
12. Principal Alien's A-Number (if any)

13. Relationship to the Principal Alien
• Spouse
• Step-Child (not married)
• Biological Child (not married)
• Adopted Child (not married)
• Other Dependent Family Member as designated by the U.S. Department of State (Explain)

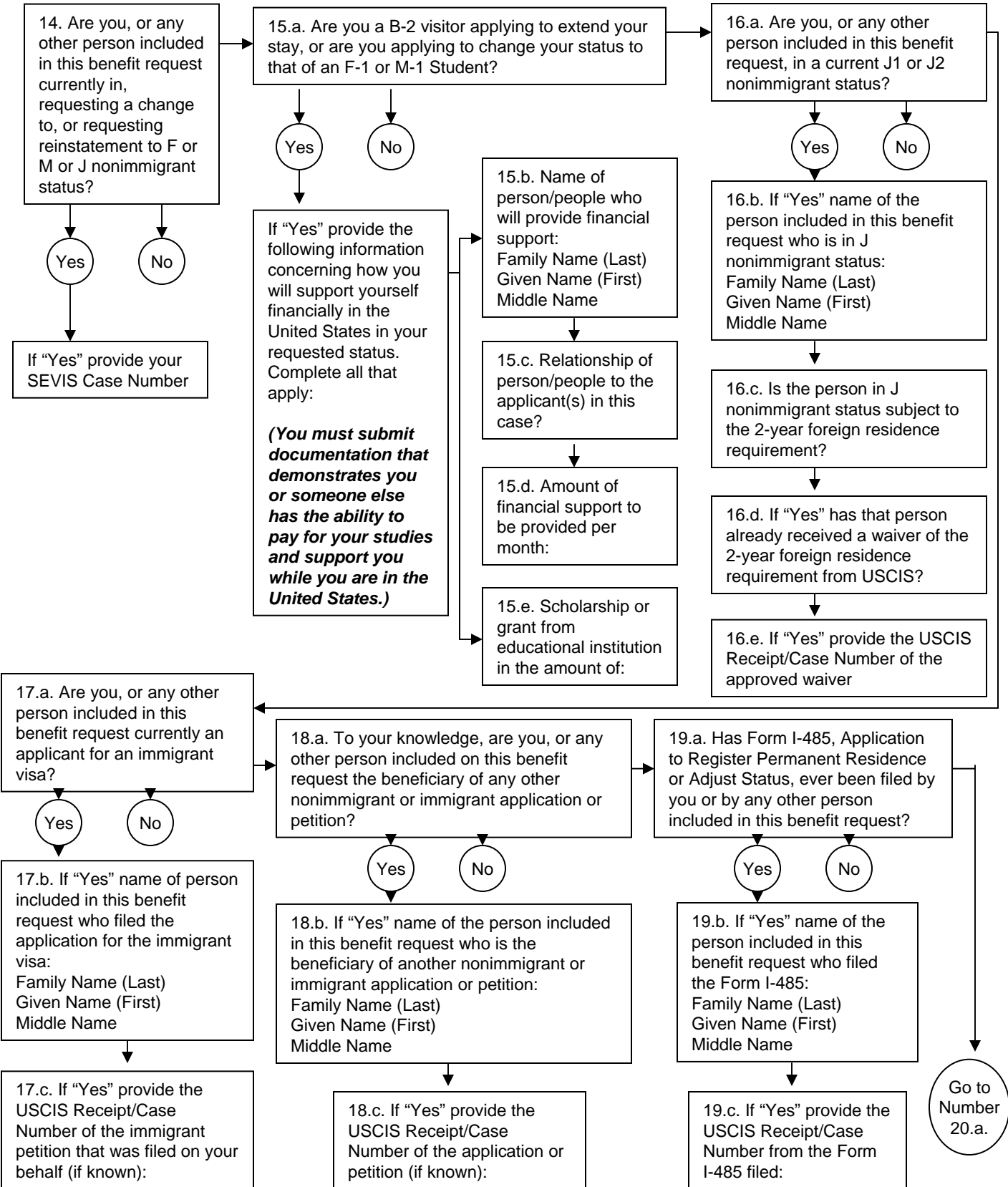
Go to Part 3, Number 14



Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

PART 3 ELIGIBILITY INFORMATION (continued)

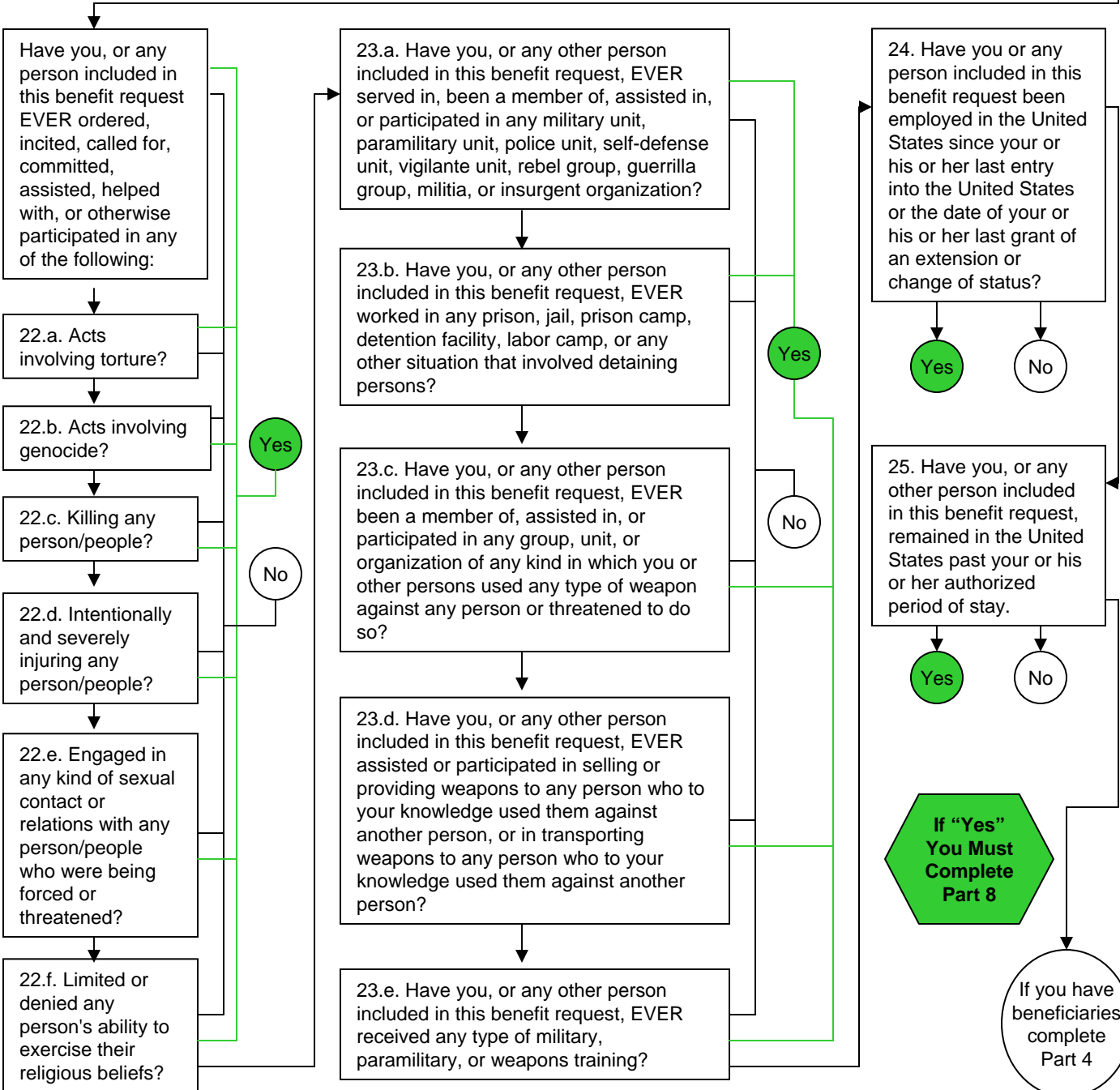
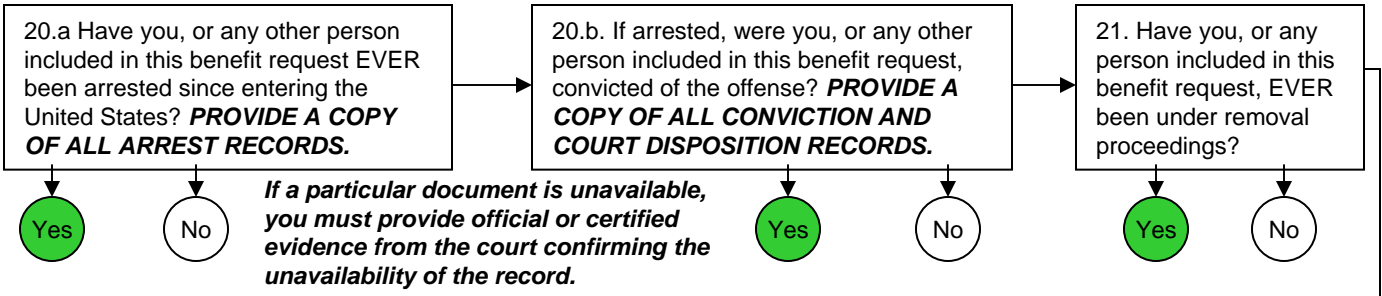




Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

PART 3 ELIGIBILITY INFORMATION (continued)

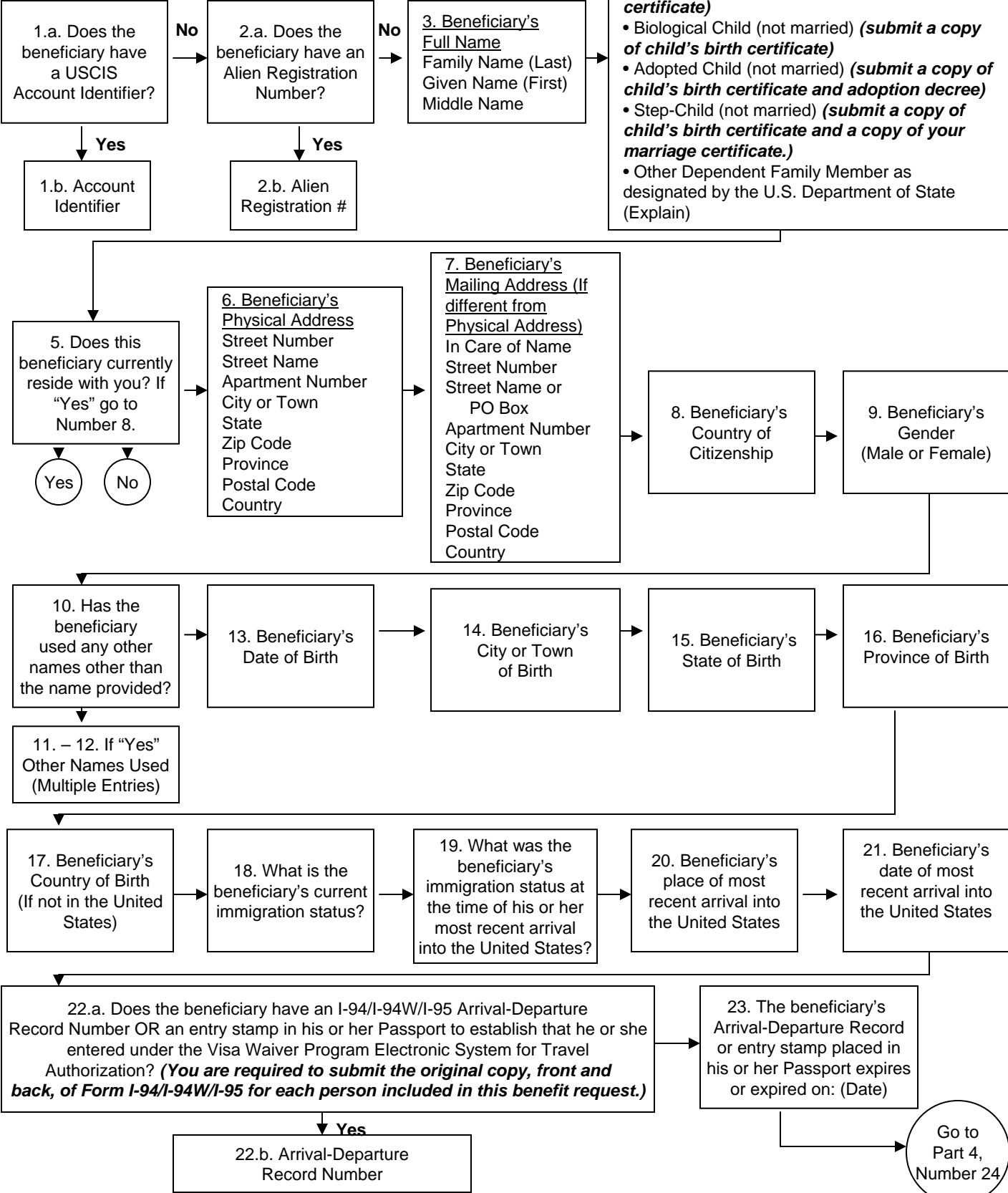




Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

PART 4 INFORMATION ABOUT BENEFICIARIES

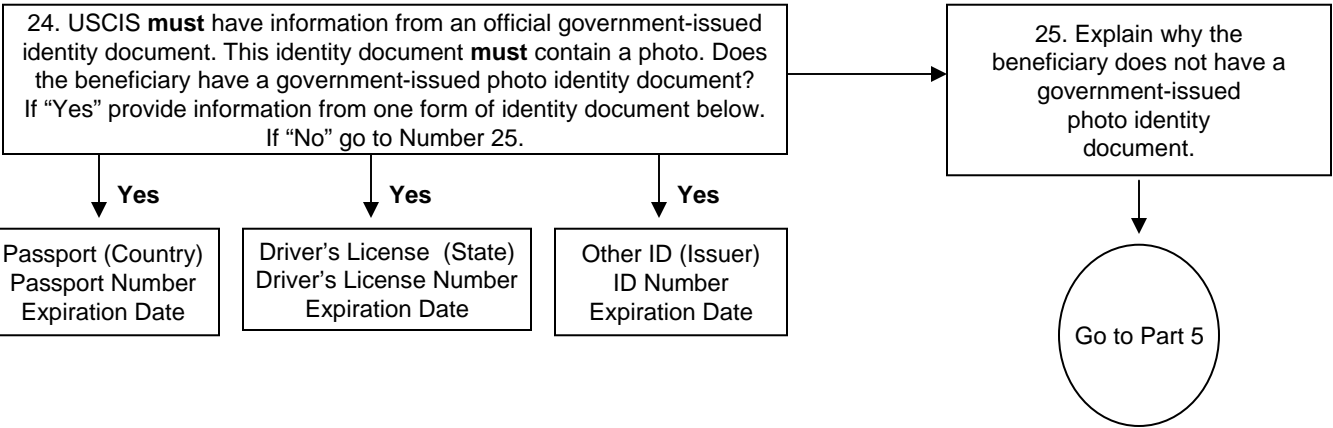




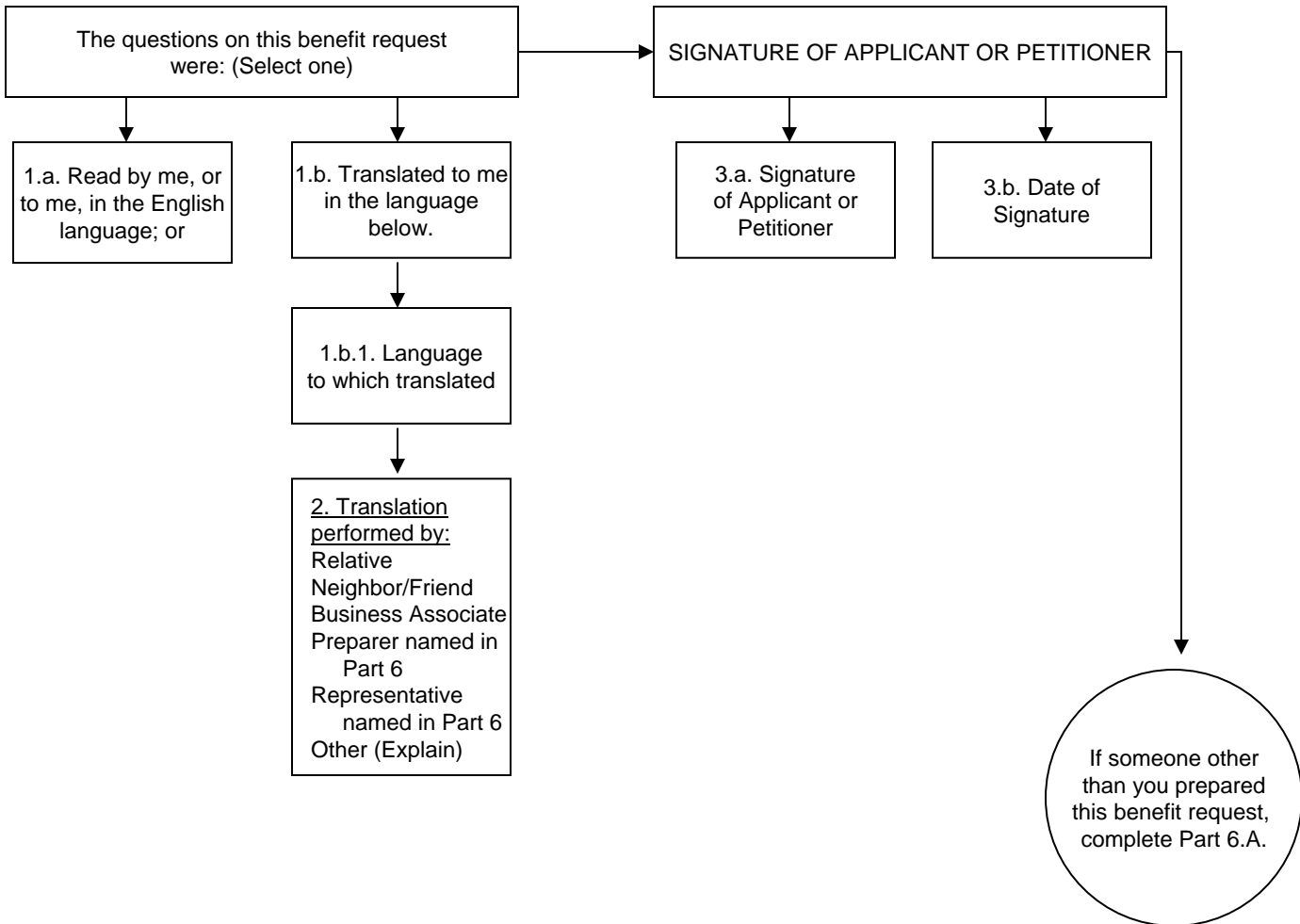
Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

PART 4 INFORMATION ABOUT BENEFICIARIES (continued)



PART 5 YOUR SIGNATURE, ATTESTATION, AND REGISTRATION WITH USCIS AT THE TIME OF FILING THIS BENEFIT REQUEST





Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

PART 6 INFORMATION CONCERNING PREPARER AND/OR DESIGNATION OF REPRESENTATION

6.A. PREPARER INFORMATION

USCIS requires the disclosure of any person other than the applicant or petitioner who prepared or assisted in preparing this benefit request. USCIS does not require disclosure of persons or entities who only transcribed into electronic form the information provided by the applicant or petitioner, or other disclosed preparers or representatives. (Select one)

1.a. The preparer is NOT an attorney or Board of Immigration Appeals (BIA) accredited representative.

1.b. The preparer is an attorney or BIA-accredited representative who only prepared the benefit request and WILL NOT be representing the applicant or petitioner further.

1.c. The preparer is an attorney or BIA-Accredited representative who WILL be representing the applicant or petitioner with USCIS. (Complete 6.B.)

2. Preparer's Name
Family Name (Last)
Given Name (First)
Middle Name

3. Preparer's Business or Organization Name

4. Preparer's Mailing Address
Street Number
Street Name
Apartment Number
City or Town
State
Zip Code
Province
Postal Code
Country

5. Preparer's Daytime Phone Number

6. Preparer's E-mail Address

7. Was the preparer paid to prepare this Benefit request?

Yes No

8. Does the preparer have a pre-existing relationship with the applicant or petitioner?

Yes No

If "Yes" what type Of relationship is it?
Relative
Neighbor/Friend
Business Associate
Other (Explain)

SIGNATURE OF PREPARER

9.a. Signature of Preparer

9.b. Date of Signature

If you have an attorney or accredited Representative, complete Part 6.B.



Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

PART 6 INFORMATION CONCERNING PREPARER AND/OR DESIGNATION OF REPRESENTATION (continued)

6.B. DESIGNATION OF REPRESENTATION

Until such time as the authorization is withdrawn or terminated, the applicant or petitioner, by his or her signature, authorizes USCIS and other agencies of the U.S. Government administering U.S. citizenship and immigration laws to disclose any information pertaining to the applicant or petitioner in any record or system of records relating to immigration matters to the representative named, and to his or her law firm or BIA-recognized organization, under the Privacy Act of 1974.

1. Representative's Full Name Family Name (Last) Given Name (First) Middle Name	2. Representative's USCIS Account Identifier	3. Representative's Business or Organizational Name	4. Representative's Physical Address Street Number Street Name Apartment Number City or Town State Zip Code	5. Representative's Mailing Address (If different from Physical Address) Street Number Street Name or PO Box Apartment Number City or Town State Zip Code
---	---	--	--	--

6. Representative's Daytime Phone Number	7. Representative's E-mail address	8.a. I am an attorney and a member in good standing of the bar of the highest court(s) of the following state(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia.	I AM NOT subject to any order of any court or administrative Agency disbaring, suspending, enjoining, restraining or otherwise restricting me in the practice of law.
		Bar Memberships (List States)	Bar Card Number(s) or equivalent
			I AM subject to any order of any court or administrative Agency disbaring, suspending, enjoining, restraining or otherwise restricting me in the practice of law.
			Explain

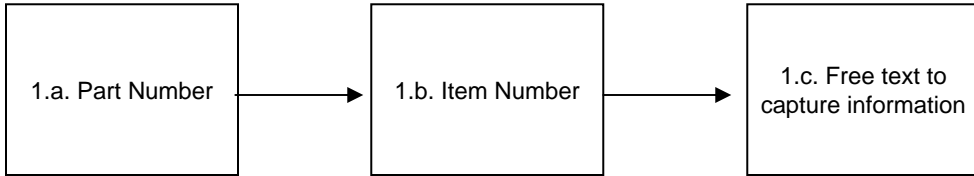
8.b. I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals under 8 CFR 292.2.	SIGNATURE OF REPRESENTATIVE
Accredited Organization Name	9.a. Signature of Representative
Representative's Accreditation Date	9.b. Date of Signature
Organization's Date of Accreditation or Recognition	SIGNATURE OF APPLICANT OR PETITIONER
Representative's Accreditation Expiration Date	10.a. Signature of Applicant or Petitioner
	10.b. Date of Signature



Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

PART 7 ADDITIONAL INFORMATION ABOUT YOUR CLAIM TO THIS BENEFIT *If you require more space to provide any additional information within this benefit request, please use the space below.*



PART 8 ADDITIONAL INFORMATION COLLECTION FROM PART 3, ELIGIBILITY INFORMATION

If you answered "Yes" to any of the questions in Numbers 20.a. through 25 in Part 3, Eligibility Information, provide the Item Number you are answering, and answer the corresponding question(s). Please use Number 11 if you wish to provide additional information than what is requested.

