**TABLE OF CHANGES- FORM**

**FORM I-539, Application to Extend/Change Nonimmigrant Status**

**OMB No. 1615-0003**

**10/16/2014**

**Reason for Revision**

* The form was reformatted from 1-column to 2-columns, data collections were numbered, and sub section headings were added. Applicant, Interpreter, and Preparer signature/attestation sections were added/revised/standardized and made more robust to better protect applicants.
* Additional data collection fields were incorporated to enable verification of status in the United States based on passport or travel document information captured by CBP at the port of entry in lieu of I-94 information that may have been automated. This additional information is deemed necessary to collect in order to ensure timely verification in cases where the individual does not have a paper copy of his or her Form I-94, particularly as a result of CBP’s automation of the Form I-94 process.

|  |  |  |
| --- | --- | --- |
| **LOCATION** | **CURRENT VERSION** | **PROPOSED VERSION** |
| **For USCIS Use Only** | **To Be Completed by an *Attorney* or *Representative*, if any** | **To Be Completed by an *Attorney* or *Accredited Representative*, if any** |
| **Page 1, Part 1. Information About You** | Family Name (Last Name)  Given Name (First Name)  Middle Name  Address- In care of  Street Number and Name  Apt. Number  City  State  Zip Code  Daytime Phone Number  [See A-Number below]  Country of Birth  Country of Citizenship  Date of Birth (mm/dd/yyyy)  U.S. Social Security # (if any)  A-Number (if any)  Date of Last Arrival Into the U.S. (mm/dd/yyyy)  I-94 Number  Current Nonimmigrant Status  Expires on (mm/dd/yyyy) | 1. Alien Registration Number (A-Number)  2. USCIS ELIS Account Number (if any)  **3.a.** Family Name (*Last Name*)  **3.b.** Given Name (*First Name*)  **3.c.** Middle Name  **Mailing Address** *[new sub-header]*  **4.a.** In Care Of Name  **4.b.** Street Number and Name  **4.c.** Apt. Ste. Flr.  **4.d.** City or Town  **4.e**. State  **4.f.** ZIP Code  **Physical Address** *[new sub-header]*  **5.a.** Street Number and Name  **5.b..** Apt. Ste. Flr.  **5.c.** City or Town  **5.d.** State  **5.e.** ZIP Code  [Deleted]  **Other Information** *[new sub-header]*  **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*)  [See Item Number 3 above]  **10.** Date of Last Arrival Into the U.S. (*mm/dd/yyyy*)  **Provide information about your most recent Form I-94**  **11.a.** I-94 Arrival/Departure Record Number  **11.b.** Passport Number  **11.c.** Travel Document Number  **11.d.** Country of Issuance for Passport or Travel Document  **11.e.** Expiration Date for Passport or Travel Document (*mm/dd/yyyy*)  **12.a.** Current Nonimmigrant Status  **12.b.** Expiration Date (*mm/dd/yyyy*)  **12.c.** Check this box if you were granted Duration of Status (D/S). |
| **Page 1, Part 2. Application Type** *(See instructions for fee)* | **1.** I am applying for: (*Check one*)  **a.** An extension of stay in my current status.  **b.** A change of status. The new status I am requesting is:  **c.** Reinstatement to student status.  **2.** Number of people included in this application: (*Check one*)  **a.** I am the only applicant.  **b.** Members of my family are filing this application with me. The total number of people (including me) in the application is  (*Complete the supplement for each co-applicant*.) | [Page 2]  **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*.) |
| **Page 1, 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?  USCIS Receipt #  **3.**  Is this application based on a separate petition or application to give your spouse, child, or parent an extension or change of status?  Receipt #:  **4.**  If you answered "Yes" to Question 3, give the name of the petitioner or applicant:  If the petition or application is pending with USCIS, also give the following data:  Office filed at  Filed on (mm/dd/yyyy) | **[Page 2]**  **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?  **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  Yes, filed previously and pending with USCIS  No  **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)* |
| **Pages 1-3, Part 4. Additional Information** | **[Page 1]**  **1.** For applicant #1, provide passport information:  Valid to: (mm/dd/yyyy)  Country of Issuance:  **2.** Foreign Address:  Street Number and Name  Apt. Number  City or Town  State or Province  Country  Zip/Postal Code  [Page 2]  **3.  Answer the following questions.  If you answer "Yes" to any question, describe the circumstances in and explain on a separate sheet of paper.**  **a.** Are you…  **b.** Has an …  **c.** Has Form I-485…  **d. 1.** Have you…  **d. 2.** Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:  (a) Acts …  (b) Killing …  (c) Intentionally …  (d) Engaging …  (e) Limiting or …  **d. 3.** Have you EVER:  (a) Served in…  (b) Served in …  **d. 4.** Have you EVER …  **d. 5.** Have you EVER assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?  **d. 6.** Have you EVER …  **e.** Have you…  **f.** Are you…  **1.** If you answered "Yes" to Question 3f, give the following information concerning the removal proceedings on the attached page entitled "**Part 4.  Additional information.  Page for answers to 3f and 3g.**"  Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.  **g.** Have you…  **2.** If you answered "No" to Question 3g, fully describe how you are supporting yourself on the attached page entitled "**Part 4. Additional information.  Page for answers to 3f and 3g.**"  Include the source, amount, and basis for any income.  **3.** If you answered "Yes" to Question 3g, fully describe the employment on the attached page entitled "**Part 4.  Additional** **information.  Page for answers to 3f and 3g.**"  Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.  [Page 3]  **h.** Are you currently …  If "Yes," you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent. Willful failure to disclose this information (or other relevant information) can result in your application being denied. Also, provide proof of your J-1 or J-2 status, such as a copy of Form DS-2019, Certificate of Eligibility for Exchange Visitor Status, or a copy of your passport that includes the J visa stamp. | [Page 2]  **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…  **4.** Has an …  **5.** Has Form I-485…  **6.** Have you…  Have you , or any other person included in this application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:  **7.** Acts …  **8.** Killing …  **9.** Intentionally …  **10.** Engaging in …  **11.** Limiting or …  [Page 3]  **12.** Have you, or any other person included in this 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?  **13.** Have you, or any other person included in this application, EVER served in …  **14.** Have you, or any other person included in this application, EVER …  **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?  **16.** Have you, or any other person included in this application, EVER …  **17.** Have you…  **18.** Are you…  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…  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 …  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.** |
| **Page 3, Part 5. Applicant’s Statement and Signature** (*Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)* | **Applicant's Statement** (Check One):  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 each question.  Each and every question and instruction on this form, as well as my answer to each question, has been read to me by the person named below in [Language], a language in which I am fluent. I understand each and every question and instruction on this form, as well as my answer to each question.  **Applicant's Signature**  I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.  **Signature**  Print your Name  Date  Daytime Telephone Number  E-Mail Address  **NOTE:** *If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application may be denied.* | Page 3,  **Part 5. Statement, Certification, Signature, and Contact Information of the Applicant**  **NOTE**: Select the box for either **Item Number** **1.a.** or **1.b.** If applicable, select the boxfor **Item Number 2.**  **1.a.**I can read and understand English, and have read and understand every question and instruction on this form, as well as my answer to every question.  **1.b.**The interpreter named below has read to me every question and instruction on this form, as well as my answer to every question, in [Language],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 to[Preparer],who is***/***is notan attorney or accreditedrepresentative, preparing this form for me.  ***Applicant Certification***  I certify, under penalty of perjury, that the foregoing is true and correct. Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. Furthermore, I authorize the release of any information from 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 of U.S. immigration laws.  **3.a.** Applicant's Signature  **3.b.** Date of Signature(*mm/dd/yyyy*)  [Page 4]  ***Applicant's Contact Information***  **4.**Applicant’s Daytime Telephone Number  **5.** Applicant’sMobile Telephone Number  **6.**Applicant’s E-mail Address  [Deleted] |
| **Page 3, Part 6. Interpreter’ Statement and Signature** | [See below, *Print Your Name*]  [See below, *Firm Name*]  [See below, *Address*]  [See below, *Daytime Telephone Number*]  Language used: I certify that I am fluent in English and the above-mentioned language. I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.  **Signature**  Print Your Name  Date  Firm Name (if applicable)  Daytime Telephone Number *(Area Code and Number)*  Address  Fax Number *(Area Code and Number)* | [Page 4]  **Part 6. Contact Information, 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  ***Interpreter Certification***  **I certify that:**  I am fluent in English and [Language], whichis the same language provided in **Part 5., Item Number 1.b**.;  I have read to this applicant every question and instruction on this form, as well as the answer to every question, in the language provided in **Part 5., 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.  **6.a.** Interpreter's Signature  [See above, *Interpreter's Full Name*]  **6.b.**Date of Signature*(mm/dd/yyyy)*  [See above, *Interpreter's Full Name*]  [See above, *Interpreter's Contact Information*]  [See above, *Interpreter's Mailing Address*]  [Deleted] |
| **Page 4, Part 7.**  **Signature of Person Preparing Form, if Other Than Above** *(Sign Below*) | [See below, *Print Your Name*]  [See below, *Firm Name*]  [See below, *Address*]  [See below, *Daytime Telephone Number*]  [See below, *Fax Number*]  [See below, *E-Mail Address*]  I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.  **Signature**  Print Your Name  Date  Firm Name (if applicable)  Daytime Telephone Number *(Area Code and Number)*  Address  Fax Number *(Area Code and Number)*  E-Mail Address | **[Page 4]**  **Part 7.** **Contact Information, Declaration, 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  [Page 5]  ***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 fomor 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 caseextendsdoes not extendbeyond the preparation of this form.  ***Preparer's Declaration***  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 the 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 provided for every question on the form and, when required, supplied additional information to respond to a question on the form.  **8.a.**Preparer's Signature  [See above, *Preparer's Full Name*]  **8.b.**Date of Signature*(mm/dd/yyyy)*  [See above, *Interpreter's Full Name*]  [See above, *Interpreter's Contact Information*]  [See above, *Interpreter's Mailing Address*]  [See above, *Interpreter's Contact Information*] |
| **Page 4, Part 4. (Continued) Additional Information.** (**Page 2 for answers to 3f and 3g.)** | **If you answered "Yes" to Question 3f** in Part 4 on Page 3 of this form, give the following information concerning the removal proceedings.  Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.  **If you answered "No" to Question 3g** in Part 4 on Page 3 of this form, fully describe how you are supporting yourself.  Include the source, amount and basis for any income.  **If you answered "Yes" to Question 3g** in Part 4 on Page 3 of this form, fully describe the employment.  Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS. | **[Page 6]**  **Part 4.** (*continued*) **Additional Information for Answers to Item Numbers 18., 19., and 20.**  **If you answered “Yes” to Item Number 18.** in **Part 4.** of this form, give the following information concerning the removal proceedings. Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.  **If you answered “No” to Item Number 19.** in **Part 4.** of this form, fully describe how you are supporting yourself. Include the source, amount, and basis for any income.  **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 income, and whether the employment was specifically authorized by USCIS.  **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. |
| **Page 5, Supplement -1**  **Attach to Form I-539 when more than one person is included in the petition or application.** *(List each person separately.  Do not include the person named in Form I-539.)* | Family Name (Last Name)  Given Name (First Name)  Middle Name  Date of Birth (mm/dd/yyyy)  Country of Birth  Country of Citizenship  U.S. Social Security # (if any)  A-Number (if any)  Date of Arrival (mm/dd/yyyy)  I-94 Number  [See below, *Country Where*  *Passport Issued* and  *Expiration Date*]  Current Nonimmigrant Status:  Expires on (mm/dd/yyyy)  Country Where Passport Issued  Expiration Date (mm/dd/yyyy)  [Set of same data collections as above]  [Set of same data collections as above]  [Set of same data collections as above]  [Set of same data collections as above]  **If you need additional space, attach a separate sheet of paper.**  *Place your name, A-Number, if any, date of birth, form number, and application date at the top of the sheet of paper.* | **[Page 7]**  **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)*  [See above, Item Numbers 1.m and 1.n.]  **Person Two…**  [Set of same data collections as above, Item Numbers 2.a. to 2.p.]  **[Page 8]**  **Person Three…**  [Set of same data collections as above, Item Numbers 3.a. to 3.p.]  **Person Four…**  [Set of same data collections as above, Item Numbers 4.a. to 4.p.]  **[Page 9]**  **Person Five…**  [Set of same data collections as above, Item Numbers 5.a. to 5.p.]  **Person Six**  [Set of same data collections as above, Item Numbers 6.a. to 6.p.]  [Deleted] |