## 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	1. Alien Registration Number (A-Number)
	Address- In care of Street Number and Name	2. USCIS ELIS Account Number (if any)
	Apt. Number City	<ul><li>3.a. Family Name (<i>Last Name</i>)</li><li>3.b. Given Name (<i>First Name</i>)</li><li>3.c. Middle Name</li></ul>
	State	Mailing Address [new sub-header]
	Zip Code	<b>4.a.</b> In Care Of Name
		<b>4.b.</b> Street Number and Name
	Daytime Phone Number	<b>4.c.</b> Apt. Ste. Flr.
	[See A-Number below]	<b>4.d.</b> City or Town
	[See A-Number below]	<b>4.e</b> . State
	Country of Birth	<b>4.f.</b> ZIP Code
	Country of Citizenship	Physical Address [new sub-header] 5.a. Street Number and Name
	Date of Birth (mm/dd/yyyy)	5.b Apt. Ste. Flr.
	U.S. Social Security # (if any)	<b>5.c.</b> City or Town

	A-Number (if any)	<b>5.d.</b> State
	Date of Last Arrival Into the U.S. (mm/dd/yyyy)	5.e. ZIP Code [Deleted]
	I-94 Number	Other Information [new sub-header]
		<b>6.</b> Country of Birth
		7. Country of Citizenship or Nationality
		<b>8.</b> Date of Birth ( <i>mm/dd/yyyy</i> )
		<b>9.</b> U.S. Social Security Number ( <i>if any</i> )
		[See Item Number 3 above]
	Current Nonimmigrant Status Expires on (mm/dd/yyyy)	<b>10.</b> Date of Last Arrival Into the U.S. ( <i>mm/dd/yyyy</i> )
		Provide information about your most recent Form I-94
		<b>11.a.</b> I-94 Arrival/Departure Record Number
		<b>11.b.</b> Passport Number
		11.c. Travel Document Number
		<b>11.d.</b> Country of Issuance for Passport or Travel Document
		<b>11.e.</b> Expiration Date for Passport or Travel Document ( <i>mm/dd/yyyy</i> )
		<b>12.a.</b> Current Nonimmigrant Status
		<b>12.b.</b> Expiration Date ( <i>mm/dd/yyyy</i> )
		<b>12.c.</b> Check this box if you were granted Duration of Status (D/S).
Page 1, Part 2. Application Type (See instructions for fee)		[Page 2] Part 2. Application Type (See instructions for fee)
	<b>1.</b> I am applying for: ( <i>Check one</i> )	I am applying for: (Select one)

	<b>a.</b> An extension of stay in my current status.	<b>1.</b> An extension of stay in my current status.
	<b>b.</b> A change of status. The new status I am requesting is:	<b>2.a.</b> A change of status. The new status and effective date of change. ( <i>mm/dd/yyyy</i> )
		<b>2. b.</b> The change of status I am requesting is:
	<b>c.</b> Reinstatement to student status.	<b>3.</b> Reinstatement to student status.
	<b>2.</b> Number of people included in this application: ( <i>Check one</i> )	Number of people included in this application: ( <i>Select one</i> )
	<b>a.</b> I am the only applicant.	<b>4.</b> I am the only applicant.
	<b>b.</b> Members of my family are filing this application with me. The total number of people (including me) in the	<b>5.a.</b> Members of my family are filing this application with me.
	application is  (Complete the supplement for each coapplicant.)	<b>5.b.</b> The total number of people (including me) in the application is: ( <i>Complete the supplement for each coapplicant.</i> )
Page 1, Part 3. Processing Information		[Page 2] Part 3. Processing Information
	<b>1.</b> I/We request that my/our current or requested status be extended until (mm/dd/yyyy):	<b>1.a.</b> I/We request that my/our current or requested status be extended until (mm/dd/yyyy)
		<b>1.b.</b> Check this box if you were granted, or are seeking, Duration of Status (D/S).
	<b>2.</b> Is this application based on an extension or change of status already granted to your spouse, child, or parent?	<b>2.a.</b> Is this application based on an extension or change of status already granted to your spouse, child, or parent?
	USCIS Receipt #	<b>2.b.</b> If "Yes," provide USCIS Receipt Number.
	<b>3.</b> Is this application based on a separate petition or application to give your spouse, child, or parent an extension or change of status?	<b>3.a.</b> 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

	Receipt #:  4. If you answered "Yes" to Question 3, give the name of the petitioner or applicant:	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:
	If the petition or application is pending with USCIS, also give the following data: Office filed at Filed on (mm/dd/yyyy)	<ul> <li>3.c. First and last name of petitioner or applicant</li> <li>Office where petition or application filed:</li> <li>3.d. City or Town</li> <li>3.e. State</li> </ul>
Pages 1-3, Part 4.	[Page 1]	<b>3.f.</b> Date Filed (mm/dd/yyyy)  [Page 2]
Additional Information	1. For applicant #1, provide passport information: Valid to: (mm/dd/yyyy) Country of Issuance:	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)
	2. Foreign Address: Street Number and Name Apt. Number City or Town State or Province Country Zip/Postal Code	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

[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?

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

- **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

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.

Page 3, Part 5. Applicant's Statement and Signature (Read the Information on penalties in the instructions before completing this section.  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 in this form, as well as my answer to each question in this form, as well as my answer to each question in this form, as well as my answer to each question and instruction on this form, as well as my answer to each question and instruction on this form, as well as my answer to each question and instruction on this form, as well as my answer to each question.  Lib. The interpreter named below has read to me every question and instruction on this form, as well as my answer to each question, and instruction on this form, as well as my answer to each question.  Lib. The interpreter named below has read to me every question and instruction on this form, as well as my answer to each question, and instruction on this form as translated to me provided true and correct responses in the language indicated above.  Lib. The interpreter named below has read to me every question, and instruction on this form as realistated to me provided true and correct responses in the language indicated above.  Lib. The interpreter, and and understand every question and instruction on this form as realisted to me provided true and correct responses in the language indicated above.  Lib. The interpreter, and and the dates you make the dates.  Lib. The interpreter named below has read to me every question, in [Lang			
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):  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 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.  Part 5. Statement, Certification, Signature, and Contact Information of the Applicant  NOTE: Select the box for litem 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 and instruction on this form, as well as my answer to 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/s not an attorney or accredited representative, preparing this form for me.		or a copy of your passport that includes	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
Tippiicum Signature Applicum Ceruficution	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	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.	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 box for 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 not an attorney or accredited representative, preparing this form for me.
7			Applicant Cerufication

	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.	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.
	Signature Print your Name Date	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)
	Daytime Telephone Number	[Page 4]  **Applicant's Contact Information*  4. Applicant's Daytime Telephone Number
	E-Mail Address	<b>5.</b> Applicant's Mobile Telephone Number
	<b>NOTE:</b> 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.	6. Applicant's E-mail Address [Deleted]
Page 3, Part 6. Interpreter' Statement and Signature		[Page 4]  Part 6. Contact Information, Certification, and Signature of the Interpreter
		Interpreter's Full Name

[See below, Print Your Name]	Provide the following information concerning the interpreter:  1.a. Interpreter's Family Name (Last Name)  1.b. Interpreter's Given Name (First Name)
[See below, Firm Name]	<b>2.</b> Interpreter's Business or Organization Name ( <i>if any</i> )
[See below, Address]	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
[See below, Daytime Telephone Number]	<ul> <li>Interpreter's Contact Information</li> <li>4. Interpreter's Daytime Telephone Number</li> <li>5. Interpreter's E-mail Address</li> <li>Interpreter Certification</li> <li>I certify that:</li> </ul>
Language used: I certify that I am fluent in English and the abovementioned language. I further certify	I am fluent in English and [Language], which is the same language provided in <b>Part 5., Item Number 1.b.</b> ;

	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.	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.
	Signature Print Your Name	<b>6.a.</b> Interpreter's Signature [See above, <i>Interpreter's Full Name</i> ]
	Date	<b>6.b.</b> Date of Signature (mm/dd/yyyy)
	Firm Name (if applicable)	[See above, <i>Interpreter's Full Name</i> ]
	Daytime Telephone Number (Area Code and Number)	[See above, Interpreter's Contact Information]
	Address Fax Number (Area Code and Number)	[See above, <i>Interpreter's Mailing Address</i> ] [Deleted]
Page 4, Part 7. Signature of Person Preparing Form, if Other Than Above (Sign Below)		[Page 4]  Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant
	[See below, Print Your Name]	Preparer's Full Name Provide the following information concerning the preparer:
	[See below, Firm Name]	<b>1.a.</b> Preparer's Family Name (Last Name)
		<b>1.b.</b> Preparer's Given Name (First Name)
		2. Preparer's Business or Organization Name
	[See below, Address]	Preparer's Mailing Address 3.a. Street Number and Name

	3 L. Art. Ctr. El
	3.b. Apt. Ste. Flr.
	<b>3.c.</b> City or Town
	3.d. State
	3.e. ZIP Code
	<b>3.f.</b> Province
	3.g. Postal Code
	3.h. Country
	[Page 5]
[See below, Daytime Telephone Number]	<ul><li><b>Preparer</b>'s Contact Information</li><li><b>4.</b> Preparer's Daytime Telephone</li><li>Number</li></ul>
[See below, Fax Number]	<b>5.</b> Preparer's Fax Number
[See below, <i>E-Mail Address</i> ]	6. Preparer's E-mail Address
	<b>7.a.</b> I am not an attorney or accredited representative but have prepared this fomor on behalf of the applicant and with the applicant's consent.
	<b>7.b.</b> I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this form.
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.	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
11	

		information to respond to a question on the form.
	Signature	<b>8.a.</b> Preparer's Signature
	Print Your Name Date	[See above, <i>Preparer's Full Name</i> ]
	Dute	<b>8.b.</b> Date of Signature (mm/dd/yyyy)
	Firm Name (if applicable) Daytime Telephone Number (Area Code and Number) Address  Fax Number (Area Code and Number) E-Mail Address	[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.		[Page 6]
(Continued) Additional Information. (Page 2 for answers to 3f and 3g.)		Part 4. (continued) Additional Information for Answers to Item Numbers 18., 19., and 20.
	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 "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 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 "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.
	and basis for any income.	and basis for any medine.

		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	[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)
	U.S. Social Security # (if any)	<ul><li>1.e. Country of Birth</li><li>1.f. Country of Citizenship or Nationality</li><li>1.g. U.S. Social Security Number (if</li></ul>
	A-Number (if any)	any)  1.h. Alien Registration Number (A-Number)
	Date of Arrival (mm/dd/yyyy)	<b>1.i.</b> Date of Arrival (mm/dd/yyyy)
	I-94 Number  [See below, Country Where Passport Issued and Expiration Date]	<ol> <li>1.j. I-94 Arrival/Departure Record Number</li> <li>1.k. Passport Number</li> <li>1.l. Travel Document Number</li> <li>1.m. Country of Issuance for Passport or Travel Document</li> <li>1.n. Expiration Date for Passport or Travel Document (mm/dd/yyyy)</li> </ol>
	Current Nonimmigrant Status:	<b>1.0.</b> Current Nonimmigrant Status
	Expires on (mm/dd/yyyy)	<b>1.p.</b> Expiration Date ( <i>mm/dd/yyyy</i> )

Country Where Passport Issued [See above, Item Numbers 1.m and Expiration Date (mm/dd/yyyy) 1.n.] Person Two... [Set of same data collections as above, Item Numbers 2.a. to 2.p.] [Set of same data collections as above] [Page 8] **Person Three...** [Set of same data collections as above] [Set of same data collections as above, Item Numbers 3.a. to 3.p.] Person Four... [Set of same data collections as above] [Set of same data collections as above, Item Numbers 4.a. to 4.p.] [Page 9] [Set of same data collections as above] 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.] If you need additional space, attach a separate sheet of paper. *Place your name, A-Number, if any,* [Deleted] date of birth, form number, and application date at the top of the sheet

of paper.