

TABLE OF CHANGES – FORM
Form I-539, Application to Extend/Change Nonimmigrant Status
OMB Number: 1615-0003
Date 06/24/2020

Reason for Revision: Fee Rule
Project Phase: Post G-1056

- Please note – all instances of “if any” and “if applicable” have been removed from Form I-539.

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 10/31/2021
Edition Date 06/09/2020

Current Page Number and Section	Current Text	Proposed Text
Page 1	<p>[Page 1]</p> <p>To be completed by an Attorney or Accredited Representative (if any).</p> <p>Select this box if Form G-28 is attached</p> <p>Attorney State Bar Number (if applicable)</p> <p>Attorney of Accredited Representative USCIS Online Account Number (if any)</p>	<p>[Page 1]</p> <p>To be completed by an Attorney or Accredited Representative.</p> <p>Select this box if Form G-28 is attached.</p> <p>Attorney State Bar Number</p> <p>Attorney of Accredited Representative USCIS Online Account Number</p>
Page 1-2, Part 1. Information About You	<p>[Page 1]</p> <p>...</p> <p>2. Alien Registration Number (A-Number) (if any)</p> <p>3. USCIS Online Account Number (if any)</p> <p>U.S. Mailing Address</p> <p>4.a. In Care Of Name (if any)</p> <p>4.b. Street Number and Name</p> <p>4.c. Apt. Ste. Flr</p> <p>4.d. City or Town</p> <p>4.e. State</p> <p>4.f. Zip Code</p> <p>...</p>	<p>[Page 1]</p> <p>...</p> <p>2. Alien Registration Number (A-Number)</p> <p>3. USCIS Online Account Number</p> <p>U.S. Mailing Address</p> <p>4.a. In Care Of Name</p> <p>4.b. Street Number and Name</p> <p>4.c. Apt. Ste. Flr</p> <p>4.d. City or Town</p> <p>4.e. State</p> <p>4.f. Zip Code</p> <p>...</p>
Page 8, Part 9. Additional Information	<p>[Page 8]</p> <p>...</p>	<p>[Page 8]</p> <p>...</p>

	<p>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.</p> <p>...</p> <p>2. A-Number (if any)</p> <p>...</p>	<p>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 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.</p> <p>...</p> <p>2. A-Number</p> <p>...</p>
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