



# 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 10/31/2021

<b>For USCIS Use Only</b>		<b>Fee Stamp</b>		<b>Action Block</b>	
<b>Returned</b>					
<b>Resubmitted</b>					
<b>Relocated</b>	<b>Received</b>				
	<b>Sent</b>				
<b>Remarks:</b>		<input type="checkbox"/> <b>Granted</b> New Class _____ Dates: From ___/___/___ To ___/___/___		<input type="checkbox"/> <b>Denied</b> <input type="checkbox"/> Still within period of stay <input type="checkbox"/> S/D to: _____ <input type="checkbox"/> Place under docket control	
				<input type="checkbox"/> <b>Applicant interviewed on</b> _____	

<b>To be completed by an Attorney or Accredited Representative (if any).</b>	<input type="checkbox"/> <b>Select this box if Form G-28 is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> <input type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input type="text"/>

▶ **START HERE - Type or print in black ink.**

## Part 1. Information About You

### Your Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Alien Registration Number (A-Number) (if any)  
▶ A-

3. USCIS Online Account Number (if any)  
▶

### U.S. Mailing Address [\(USPS ZIP Code Lookup\)](#)

4.a. In Care Of Name (if any)

4.b. Street Number and Name

4.c.  Apt.  Ste.  Flr.

4.d. City or Town

4.e. State  4.f. ZIP Code

### U.S. Physical Address

5.a. Street Number and Name

5.b.  Apt.  Ste.  Flr.

5.c. City or Town

5.d. State  5.e. ZIP Code

### Other Information About You

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) ▶

10. Date of Last Arrival Into the United States (mm/dd/yyyy)

Provide Information About Your Most Recent Entry Into the United States

11. Form I-94 Arrival-Departure Record Number  
▶

12. Passport Number

**Part 1. Information about You (continued)**

13. Travel Document Number

14.a. Country of Passport or Travel Document Issuance

14.b. Passport or Travel Document Expiration Date (mm/dd/yyyy)

15.a. Current Nonimmigrant Status (e.g. F-1 student, H-4 dependent, etc.)

15.b. Expiration Date (mm/dd/yyyy)

16.  Select this box if you were granted Duration of Status (D/S).

**Part 2. Application Type**

I am applying for (select **only one** box):

- 1.  Reinstatement to student status.
- 2.  An extension of stay in my current status.
- 3.a.  A change of status.
- 3.b. New status and effective date of change (mm/dd/yyyy)

3.c. The change of status I am requesting is:

Number of people included in this application (select **only one** box):

- 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 Form I-539A for each co-applicant.)

**Part 3. Processing Information**

1. I/We request that my/our current or requested status be extended until (mm/dd/yyyy):

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 you answered "Yes" to **Item Number 2.a.**, provide USCIS Receipt Number.

▶

3.a. Is this application based on a separate petition or application to provide your spouse, child, or parent an extension or change of status?

- Yes, filed with this Form I-539.  No
- Yes, filed previously and pending with U.S. Citizenship and Immigration Services (USCIS).

3.b. If pending with USCIS, provide USCIS Receipt Number.

▶

If the petition or application is pending with USCIS, also provide the following information:

4. First and Last Name of Petitioner or Applicant

5. Date Filed (mm/dd/yyyy)

**Part 4. Principal Applicant's Biographic Information**

1. Ethnicity (Select **only one** box)

- Hispanic or Latino  Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

3. Height Feet  Inches

4. Weight Pounds

5. Eye Color (Select **only one** box)

- Black  Blue  Brown
- Gray  Green  Hazel
- Maroon  Pink  Unknown/Other

6. Hair Color (Select **only one** box)

- Bald (No hair)  Black  Blond
- Brown  Gray  Red
- Sandy  White  Unknown/Other

**Part 5. Additional Information About the Applicant**

Provide Your Current Passport Information (if different from Part 1.)

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

**Physical Address Abroad**

- 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 of the questions in **Item Numbers 3. - 15.**, use the space provided in **Part 10. Additional Information** to provide an explanation.

- 3. Are you, or any other individual 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 individual 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 individual included in this application?  Yes  No
- 6. Have you, or any other individual 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 individual included on the application, **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 7.a. Acts involving torture or genocide?  Yes  No
- 7.b. Killing any person?  Yes  No

- 7.c. Intentionally and severely injuring any person?  Yes  No
  - 7.d. Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened?  Yes  No
  - 7.e. Limiting or denying any person's ability to exercise religious beliefs?  Yes  No
- Have you, or any other individual included on the application, **EVER**:

- 8.a. Served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, insurgent organization, or any other armed group?  Yes  No
- 8.b. Worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  Yes  No
- 9. Have you, or any other individual included in this application, **EVER** been a member of, assisted, 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
- 10. Have you, or any other individual 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
- 11. Have you, or any other individual included in this application, **EVER** received any type of military, paramilitary, or weapons training?  Yes  No
- 12. Have you, or any other individual included in this application, done anything that violated the terms of the nonimmigrant status you now hold?  Yes  No
- 13. Are you, or any other individual included in this application, now in removal proceedings?  Yes  No

If you answered "Yes" to **Item Number 13.**, provide the following information concerning the removal proceedings in the space provided in **Part 10. Additional Information**. Include the name of the individual in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.

- 14. Have you, or any other individual included in this application, been employed in the United States since last admitted or granted an extension or change of status?  Yes  No

**Part 5. Additional Information About the Applicant** (continued)

If you answered "No" to **Item Number 14.**, fully describe how you are supporting yourself in **Part 10. Additional Information**. Include documentary evidence of the source, amount, and basis for any income.

If you answered "Yes" to **Item Number 14.**, fully describe the employment in **Part 10. Additional Information**. Include the name of the individual employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

- 15.** Are you, or any other individual 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 you answered "Yes" to **Item Number 15.**, you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in **Part 10. Additional Information**.

**Part 6. Public Benefits**

Provide the requested information and submit documentation, as outlined in the Instructions.

- 1.** Since obtaining the nonimmigrant status that you seek to extend or from which you seek to change, have you received, or are you currently certified to receive, any of the following public benefits? (select all that apply)

- Yes, I have received or I am currently certified to receive the following public benefits:
  - Any Federal, State, local or tribal cash assistance for income maintenance
  - Supplemental Security Income (SSI)
  - Temporary Assistance for Needy Families (TANF)
  - General Assistance (GA)
  - Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
  - Section 8 Housing Assistance under the Housing Choice Voucher Program
  - Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
  - Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
  - Federally-funded Medicaid
- No, I have not received any of the above listed public benefits.
- No, I am not certified to receive any of the above listed public benefits.

- 2.** If you have received or are currently certified to receive any of the above public benefits provide information about the public benefits below. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**. Submit documentation as outlined in the Instructions.

**A.** Type of Benefit

Agency That Granted The Benefit

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

**B.** Type of Benefit

Agency That Granted The Benefit

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

**C.** Type of Benefit

Agency That Granted The Benefit

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

**Part 6. Public Benefits (continued)**

**D. Type of Benefit**

Agency That Granted The Benefit

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

**3.** If you answered “Yes” to **Item Number 1.**, do any of the following apply to you? (select the applicable box). Provide the evidence listed in the Instructions if any of the following apply to you.

- I am enlisted in the Armed Forces, or am serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- I am the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time I received the public benefits, I (or my spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time I received the public benefits, I was present in the United States in a status exempt from the public charge ground of inadmissibility.
- At the time I received the public benefits, I was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- I am a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- None of the above statements apply to me.

**4.a.** Have you received, applied for, or have been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply) (Submit evidence as outlined in the Instructions):

- An emergency medical condition.
- For a service under the Individuals with Disabilities Education Act (IDEA).
- Other school-based benefits or services available up to the oldest age eligible for secondary education under state law.
- While you were under the of age 21.
- While you were pregnant or during the 60-day period following the last day of pregnancy.
- None of the above statements apply to me.

**4.b.** Provide the applicable dates:

From (mm/dd/yyyy)

To (mm/dd/yyyy)

**Part 7. Applicant's Statement, Contact Information, Declaration, 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 I have read and understand every question and instruction on this application and my answer to every question.
- 1.b.**  The interpreter named in **Part 8.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2.**  At my request, the preparer named in **Part 9.** , prepared this application for me based only upon information I provided or authorized.

**Applicant's Contact Information**

**3.** Applicant's Daytime Telephone Number

**4.** Applicant's Mobile Telephone Number (if any)

**5.** Applicant's Email Address (if any)

**Part 7. Applicant's Statement, Contact Information, Declaration, Certification and Signature** (continued)

**Applicant's Certification**

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 immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

**Federal Agency Disclosure and Authorizations**

I authorize, as applicable, 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.

I authorize, as applicable, the SSA, U.S. Department of Agriculture (USDA), U.S. Department of Health and Human Services (HHS), U.S. Department of Housing and Urban Development (HUD), and any other U.S. 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 U.S. Government agency to provide any additional data and information to USCIS, to the extent permitted by law.

I authorize, as applicable, 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 U.S. Government will use it only to review if I have received public benefits in regards to my eligibility for immigration benefits and to enforce immigration laws, and that the U.S. Government may disclose the information only as authorized by law.

**Applicant's Signature**

6.a. Applicant's Signature

➔

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

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

**Part 8. Interpreter's Contact Information, Statement, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

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



**Part 8. Interpreter's Contact Information, Statement, Certification, and Signature**  
(continued)

**Interpreter's Contact Information**

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Mobile Telephone Number (if any)
- 6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 7., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

**Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

- 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 Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

**Preparer's Statement**

- 7.a.  I am not an attorney or accredited representative but have prepared this application 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  extends  does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

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**Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**  
(continued)

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including **the Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

***Preparer's Signature***

**8.a.** Preparer's Signature

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

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**Part 10. 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.

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.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.

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.