

Application to Extend/Change Nonimmigrant Status

Department of Homeland Security

USCIS Form I-539

OMB No. 1615-0003 Expires 08/31/2020

U.S. Citizenship and Immigration Services

For US	CIS Use Only	Fee Stamp			Action Block					
Returned										
Resubmitted										
I Kelocated —	eceived ent									
Remarks:	□ Granted	□ De	nied							
110111111111111111111111111111111111111	New Class		Still within perio	nd of stay						
			6/D to:	·						
	Dates:		Place under docl							
	10		race under doci	tet control	□ A	applicant interviewed on				
To be compl Attorney or Representati	Accredited Four ive (if any).	rm G-28 is ached.	pplicable)	ar Numbe	Attorney or Accredited Representative USCIS Online Account Number (if any)					
	ERE - Type or print									
Part 1. Info	ormation About Y	ou	U.S	S. Physico	al Ad	ldress				
Your Full N	lame		5.a.	Street Nu and Name						
1.a. Family N (Last Nar			5.b.	Apt.		Ste. Flr.				
1.b. Given Na (First Na			5.c.	City or T	own					
1.c. Middle N	Name	5.d. State				5.e. ZIP Code				
2. Alien Re	gistration Number (A-	Number) (if any)	Oth	Other Information About You						
			6. Country			of Birth				
3. USCIS O	Online Account Numbe	c (if any)								
			7.	Country	of Cit	izenship or Nationality				
U.S. Mailing	g Address									
4.a. In Care C	Of Name (if any)		8.	Date of E	Birth (mm/dd/yyyy)				
				U.S. Soc	ial Se	curity Number (if any)				
4.b. Street Nu and Name						▶				
4.c. Apt.		10.	10. Date of Last Arrival Into the United States (mm/dd/yyyy)							
4.d. City or T	own		Prov	ride Inform	nation	About Your Most Recent Entry Into the				
4.e. State	4.f. ZIP Code		United States							
			11.	Form I-9	4 Arri	val-Departure Record Number				
			12.	Passport	Numl	per				

Par	t 1. Information about You (continued)	2.b. If you answered "Yes" to Item Number 2.a. , provide USCIS Receipt Number.						
13.	Travel Document Number		▶					
14.a.	Country of Passport or Travel Document Issuance	3.a. Is this application based on a separate petition or applicat to provide your spouse, child, or parent an extension or change of status?						
14.b.	Passport or Travel Document Expiration Date (mm/dd/yyyy)		Yes, filed with this Form I-539. No Yes, filed previously and pending with U.S. Citizenship and Immigration Services (USCIS).					
15.a.	Current Nonimmigrant Status (e.g. F-1 student, H-4 dependent, etc.)	3.b.	If pending with USCIS, provide USCIS Receipt Number.					
15.b.	Expiration Date (mm/dd/yyyy)		e petition or application is pending with USCIS, also ide the following information:					
16.	Select this box if you were granted Duration of Status (D/S).	4.	First and Last Name of Petitioner or Applicant					
Par	t 2. Application Type	5.	Date Filed (mm/dd/yyyy)					
I am	applying for (select only one box):	Par	t 4. Additional Information About the					
1.	Reinstatement to student status.		plicant					
2.	An extension of stay in my current status.		ide Your Current Passport Information (if different from					
3.a.	A change of status.	Part	<u> </u>					
3.b.	New status and effective date of change (mm/dd/yyyy)	1.a.	Passport Number					
		1.b.	Country of Passport Issuance					
3.c.	The change of status I am requesting is:							
		1.c.	Passport Expiration Date (mm/dd/yyyy)					
Num box):	ber of people included in this application (select only one							
4.	I am the only applicant.	Phy	vsical Address Abroad					
5.a.	Members of my family are filing this application with me.		Street Number and Name					
5.b.	The total number of people (including me) in the application is: (Complete the supplement for each	2.b.	Apt. Ste. Flr.					
	co-applicant.)	2.c.	City or Town					
Dan	t 3. Processing Information	2.d.	Province					
	C	2.e.	Postal Code					
1.	I/We request that my/our current or requested status be extended until (mm/dd/yyyy):	2.f.	Country					
2.a.	Is this application based on an extension or change of status already granted to your spouse, child, or parent? Yes No	the q	wer the following questions. If you answer "Yes" to any of questions in Item Numbers 3 15. , use the space provided art 8. Additional Information to provide an explanation.					

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	t 4. Additional Information About the plicant (continued)	10.	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					
3.	Are you, or any other person included on the application, an applicant for an immigrant visa? Yes No		your knowledge, used them against another person? Yes No					
4. 5.	Has an immigrant petition EVER been filed for you or for any other person included in this application? Yes No Has Form I-485, Application to Register Permanent	11.	Have you, or any other person included in this application, EVER received any type of military, paramilitary, or weapons training? Yes No					
3.	Residence or Adjust Status, EVER been filed by you or by any other person included in this application? Yes No	12.	Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold? Yes No					
6.	Have you, or any other person included in this application, EVER been arrested or convicted of any criminal offense since last entering the United States? Yes No	13.	Are you, or any other person included in this application, now in removal proceedings? Yes No					
EVE with,	you, or any other person included on the application, R ordered, incited, called for, committed, assisted, helped or otherwise participated in any of the following:	follow the sp the n	If you answered "Yes" to Item Number 13. , provide the following information concerning the removal proceedings in the space provided in Part 8. Additional Information . Include the name of the person in removal proceedings and information					
	Acts involving torture or genocide? Yes No		risdiction, date proceedings began, and status of eedings.					
7.b. 7.c.	Killing any person? Yes No Intentionally and severely injuring any person? Yes No	14.	Have you, or any other person included in this application, been employed in the United States since last admitted or granted an extension or change of status? 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	you a Inclu	u answered "No" to Item Number 14. , fully describe how are supporting yourself in Part 8. Additional Information . de documentary evidence of the source, amount, and basis my income.					
7.e.	Limiting or denying any person's ability to exercise religious beliefs? Yes No	If yo	u answered "Yes" to Item Number 14. , fully describe the					
EVE		name empl	employment in Part 8. Additional Information . Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was					
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	15.	Are you, or any other person 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?					
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	the d	Yes No u answered "Yes" to Item Number 15. , you must provide ates you maintained status as a J-1 exchange visitor or J-2 indent in Part 8. Additional Information .					
9.	Have you, or any other person 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 person included in this

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Part 5. Applicant's Statement, Contact Information, Declaration, Certification and Signature

NOTE: Read the **Penalties** section of the Form I-539 Instructions before completing this section.

		Select the box for either Item Number 1.a. or 1.b. If e, select the box for Item Number 2.					
.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.						
.b.		The interpreter named in Part 6. 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 7. ,					
		prepared this application for me based only upon information I provided or authorized.					
App	olica	nt's Contact Information					
3.	App	blicant's Daytime Telephone Number					
١.	Applicant's Mobile Telephone Number (if any)						

Applicant's Declaration and 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 understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

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.

App	olicant's Signature								
6.a. →	Applicant's Signature								
6.b.	Date of Signature (mm/dd/yyyy)								
out t	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 6. Interpreter's Contact Information, Statement, Certification, and Signature									
Prov	ide the following information about the interpreter.								
Inte	erpreter'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)								

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Part 6. Interpreter's Contact Information, Statement, Certification, and Signature (continued)

Inte	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							
Inte	erpreter's Contact Information							
4.	Interpreter's Daytime Telephone Number							
5.	Interpreter's Mobile Telephone Number (if any)							
6.	Interpreter's Email Address (if any)							
Inte	rpreter's Certification							
I cert	ify, under penalty of perjury, that:							
	duent in English and,							
which is the same language specified in Part 5. , 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.								
Inte	rpreter's Signature							
7.a.	Interpreter's Signature							
7.b.	Date of Signature (mm/dd/yyyy)							

Part 7. 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						
Pro	parer'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						
n							
Pre	eparer's Contact Information						
4.	Preparer's Daytime Telephone Number						
5.	Preparer's Mobile Telephone Number (if any)						
6.	Preparer's Email Address (if any)						

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Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

7.a. I am not an attorney or accredited representative but

Preparer's Statement

	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.						
you 1 Entry	TE: If you are an attorney or accredited representative, may need to submit a completed Form G-28, Notice of y of Appearance as Attorney or Accredited Representative, this application.						
Pre	parer'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.							
Pre	parer's Signature						
8.a.	Preparer's Signature						
g h	Date of Signature (mm/dd/yayay)						

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Par	t 8. Additio	nal In	formation			5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withing spaces to constant sheet at the Num	u need extra spa in this application than what is purplete and file to of paper. Type the top of each shaber, and Item I and date each sland	on, use rovided with the or princet; ind	the space below, you may make is application of the your name a icate the Page	w. If yo se copies or attach nd A-Nu Numbe	u need more s of this page a separate umber (if any) r, Part	5.d.					
	Family Name (Last Name)										
1.D.	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	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.						6.d.					
J.u.											
4.a.	Page Number	4.b.	Part Number	4.c.	Item Number	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
						7.d.					
4.d.											

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