COLUMBIA | ISSO
International Students & Scholars Office

Sample of I-539 | Application to Extend/Change Nonimmigrant Status

Use this sample form as a guide when filling out your application. This is a sample for Page 1-3 and 7 only.

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 04/30/2018

For USCIS Use Only		Fee Stamp	Action Block
Returned			
Resubmitted			
Relocated	Received		
	Sent		

Remarks:	☐ Granted	☐ Denied
	New Class _____	☐ Still within period of stay
	Dates: From ___/___/___	☐ S/D to: _____
	To ___/___/___	☐ Place under docket control
		☐ Applicant interviewed on _____

To Be Completed by an *Attorney or Accredited Representative*, if any.

☐ Select this box if G-28 is attached to represent the applicant.

Attorney State License Number:

Part 1. Information About You

1. Alien Registration Number (A-Number) ► A- Leave this part blank.
2. USCIS Online Account Number (if any) ► Leave this part blank.
3.a. Family Name *(Last Name)*: Doe
3.b. Given Name *(First Name)*: Jane
3.c. Middle Name: Middlename

Mailing Address — This section is ...

4.a. In Care Of Name: John Smith
4.b. Street Number and Name: 123 Main Street, Apt 10A
4.c. Apt. ☐ Ste. ☐ Flr. ☑ 1
4.d. City or Town: San Francisco
4.e. State: CA 4.f. ZIP Code: 000000

Physical Address — This section is ...

5.a. Street Number and Name: 123 Main Street, Apt 10A
5.b. Apt. ☑ Ste. ☐ Flr. ☐ 3
5.c. City or Town: New York
5.d. State: NY 5.e. ZIP Code: 000000

Other Information

6. Country of Birth: Beijing
7. Country of Citizenship or Nationality: China
8. Date of Birth *(mm/dd/yyyy)* ► 01/01/1990
9. U.S. Social Security Number *(if any)* ►
10. Date of Last Arrival Into the United States — This date is ... 01/01/2006

Provide information about your most recent Form I-94

11.a. I-94 Arrival-Departure Record Number ► Refer to information from your I-94 at https://i94.cbp.dhs.gov/
11.b. Passport Number: 1234567890
11.c. Travel Document Number: 1234567890
11.d. Country of Issuance for Passport or Travel Document: China
11.e. Expiration Date for Passport or Travel Document *(mm/dd/yyyy)* ► 01/01/2025
12.a. Current Nonimmigrant Status: Student — This is ...
12.b. Expiration Date *(mm/dd/yyyy)* ► 01/01/2025
12.c. ☐ Check this box if you were granted Duration of Status (D/S).

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.)*

Part 3. Processing Information

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

☐ Yes ☐ No

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. ☐ No

☐ Yes, filed previously and pending with USCIS.

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)* ▶ MM/DD/YYYY

Part 4. Additional Information

If you are the Principal Applicant, pro information:

1.a. Country of Issuance for Passport

ation Date for Passport

(mm/dd/yyyy) ▶ MM/DD/YYYY

Foreign Home Address

2.a. Street Number and Name

2.b. Apt. ☑ Ste. ☐ Flr. ☐

2.c. City or Town City

2.d. Province

2.e. Postal Code 000000

2.f. Country 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, or any other person 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 person 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 person included in this application? ☐ 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

Have you, or any other person included on the application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

7. Acts involving torture or genocide? ☐ Yes ☐ No

8. Killing any person? ☐ Yes ☐ No

9. Intentionally and severely injuring any person? ☐ Yes ☐ No

10. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? ☐ Yes ☐ No

11. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☐ No

Answer all questions. Check yes or no for questions 3 – 20, and be sure to provide additional information requested for items 18, 19, and 20 on page 6 of the application.

Check a change of status to F-1 and the date you want it to be effective. The earliest date you can request is 30 days before the program start date on your I-20. Your current status must be valid until the requested date.

Check that you are requesting Duration of Status.

Part 4. Additional Information *(continued)*

12. Have you, or any other person included on the 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? ☐ Yes ☐ No

13. Have you, or any other person included in this application, EVER served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☐ No

14. Have you, or any other person included in this application, EVER been a member of, assisted in, 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

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? ☐ Yes ☐ No

16. Have you, or any other person included in this application, EVER received any type of military, paramilitary, or weapons training? ☐ Yes ☐ No

17. 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

18. Are you, or any other person included in this application, now in removal proceedings? ☐ Yes ☐ No

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, 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

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 inc
currently or have you ever been
a J-2 dependent of a J-1 exchang
☐ Yes ☐ No

Answer all questions. Check yes or no for questions 3 – 20, and be sure to provide additional information requested for items 18, 19, and 20 on page 6 of the application.

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.**

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

NOTE: Select the box for either **It**
applicable, select the box for **Item N**

Complete all questions. Also complete 3.b., 4, and 5.

1.a. ☐ I can read and understand
understand each and every question and instruction on this form, as well as my answer to every question.

1.b. ☐ The interpreter named in **Part 6.** has also read to me every question and instruction on this form, as well as my answer to every question, in _____,

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 _____,

who is ☐ is not ☐ an attorney or accredited representative, preparing this form for me.

Applicant's Certification

I certify, under penalty of perjury, that the information in my form and any document submitted with my form is true and correct. 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 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 and enforcement of U.S. immigration laws.

3.a. Applicant's Signature ➡ _____

Sign in blue ink.

3.b. Date of Signature *(mm/dd/yyyy)* ▶ MM/DD/YYYY

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.)*

Complete this section if family members applying for F-2 status are included in the application. Do not include Supplement A pages if you are the sole applicant.

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) ▶ **A-**

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)* ▶

Person Two

2.a. Family Name *(Last Name)*

2.b. Given Name *(First Name)*

2.c. Middle Name

2.d. Date of Birth *(mm/dd/yyyy)* ▶

2.e. Country of Birth

2.f. Country of Citizenship or Nationality

2.g. U.S. Social Security Number *(if any)* ▶

2.h. Alien Registration Number (A-Number) ▶ **A-**

2.i. Date of Arrival *(mm/dd/yyyy)* ▶

2.j. I-94 Arrival/Departure Record Number ▶

2.k. Passport Number

2.l. Travel Document Number

2.m. Country of Issuance for Passport or Travel Document

2.n. Expiration Date for Passport or Travel Document *(mm/dd/yyyy)* ▶

2.o. Current Nonimmigrant Status

2.p. Expiration Date *(mm/dd/yyyy)* ▶