

I-539 EXAMPLE

APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS

ABOUT THE I-539

This form is an application for extension of stay or change of status before the current authorized stay expires. It is suggested the form be filed at least 45 days before the current stay expires. If you have any questions about completing this form, please contact your adviser in the International Center (international.missouri.edu/staff).

PART 1: INFORMATION ABOUT YOU

- Complete this section with the information of the dependent (H-4) — none of the H-1B scholar's information is required and should not be listed here.

PART 2: APPLICATION TYPE

- For an extension of status, check box 1.
- For a change of status, check box 2a and fill in the effect date of change. Use the dropdown menu on 2b to select the new status you are requesting.
- If you do not have any dependents who will be included on this application, check box 4.
- If you do have dependents who will be included on this application, check box 5a and fill in the total number of applicants (including yourself) in box 5b (e.g., you + spouse = 2; you + spouse + two children = 4).

PART 3: PROCESSING INFORMATION

- Enter the extension or change of status date in 1a. It should be the same as the end date on the H-1B scholar petition.
- If this I-539 form will be sent with the H-1B I-129 petition, check "no" in 2a. If it will be sent without the H-1B I-129 petition, check "yes" in 3a.
- If the application is sent separately from the I-129 petition, write the receipt number from the I-797 form in 3b.

PART 4: ADDITIONAL INFORMATION

- Complete this section with the information of the dependent (H-4).

PART 5: APPLICANT'S STATEMENT, CONTACT INFORMATION, CERTIFICATION AND SIGNATURE

- Check the appropriate box (1a or 1b) and sign the form (if applicant is completing the form).

PART 6: INTERPRETER CERTIFICATION

- If an interpreter is completing this form for you, they must complete all information in part 6. If you are completing the form yourself, leave this section blank.

PART 7: CONTACT INFORMATION, CERTIFICATION AND SIGNATURE OF THE PERSON PREPARING THIS APPLICATION, IF OTHER THAN THE APPLICANT

- If a lawyer or other third party is completing this form for you, they must complete all information in part 7. If you are completing the form yourself, leave this section blank.

SUPPLEMENT A

- List details of each family member included on this application.

