

## **CHANGE OF STATUS FROM B-1/B-2 TO F-1**

To request a change of status from B-1/B-2 to F-1 inside the U.S. you must do the following:

1. Set up an appointment with an adviser in OISS.
2. Complete form I-539
3. Have a check or money order for \$195.00 payable to the U. S. Citizenship & Immigration Services. You will also need to bring proof of payment of the \$100.00 SEVIS fee. For more information visit [www.fmjfee.com](http://www.fmjfee.com).
4. Proof of financial support. You must provide evidence of the full support that is shown on your I-20.
5. Letter from you to the U. S. Citizenship & Immigration Services stating:
  - a. Your address, telephone number and date
  - b. Why you wish to change status to F-1. State that you will be a full-time student and that your decision to become a student occurred after your entry to the U.S.
  - c. Why you entered as a B-1/B-2 and that you completed the activity you entered to do as a B-1/B-2.

Bring your passport, I-94 and I-20 with financial proof and letter along with the I-539 and \$195 fee to the appointment.

OISS will then check your application to verify that the following are complete and correct:

1. I-539 with \$195 fee
2. Letter requesting change of status to F-1
3. I-20 plus proof of financial support
4. Copies of I-94 (front and back. Include family I-94s)

We will provide you with an addressed envelope to mail your application and materials to the U. S. Citizenship & Immigration Services:

United States Citizenship & Immigration Services -Nebraska Service Center  
850 AS@ Street  
P.O. Box 87539  
Lincoln NE 68501-7539

If you live elsewhere in the United States, mail your application to: **USINS Nebraska Service Center, P.O. Box 87539, Lincoln, NE 68501-7539.**

### Fee.

The fee for this application is \$195.00, except for certain A and G nonimmigrants who are not required to pay a fee, as noted in these instructions. The fee must be submitted in the exact amount. It cannot be refunded. **DO NOT MAIL CASH.**

All checks and money orders must be drawn on a bank or other institution located in the United States and must be payable in U.S. currency.

The check or money order should be made payable to the Immigration and Naturalization Service, except that:

- if you live in Guam and are filing this application in Guam, make your check or money order payable to the "Treasurer, Guam."
- if you live in the U.S. Virgin Islands and are filing this application in the U.S. Virgin Islands, make your check or money order payable to the "Commissioner of Finance of the Virgin Islands."

Checks are accepted subject to collection. An uncollected check will render the application and any document issued invalid. A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.

### Processing Information.

#### Acceptance.

Any application that is not signed or is not accompanied by the correct fee will be rejected with a notice that the application is deficient. You may correct the deficiency and resubmit the application. An application is not considered properly filed until accepted by INS.

#### Initial Processing.

Once the application has been accepted, it will be checked for completeness. If you do not completely fill out the form, or file it without the required initial evidence, you will not establish a basis for eligibility and we may deny your application.

#### Requests for More Information or Interview.

We may request more information or evidence or we may request that you appear at an INS office for an interview. We may also request that you submit the originals of any copy. We will return these originals when they are no longer required.

#### Decision.

An application for extension of stay, change of status, initial status or reinstatement, may be approved at the discretion of INS. You will be notified in writing of the decision on your application.

#### Penalties.

If you knowingly and willfully falsify or conceal a material fact or submit a false document with this application, we will deny the benefit you are seeking and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.

#### Privacy Act Notice.

We ask for the information on this form and associated evidence to determine if you have established eligibility for the immigration benefit you are seeking. Our legal right to ask for this information is in 8 U.S.C. 1184 and 1258. We may provide this information to other government agencies. Failure to provide this information and any requested evidence may delay a final decision or result in denial of your request.

#### Information and Forms.

For information on immigration laws, regulations and procedures and to order INS forms, call our **National Customer Service Center** toll-free at **1-800-375-5283** or visit the INS internet web site at **www.ins.gov**.

#### Paperwork Reduction Act Notice.

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can easily be understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimate average time to complete and file this application is as follows: (1) 10 minutes to learn about the law and form; (2) 10 minutes to complete the form; and (3) 25 minutes to assemble and file the application; for a total estimated average of 45 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, D.C. 20536; OMB No. 1115-0093. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

**Mailing Label - Complete the following mailing label and submit this page with your application if you are required to submit your original Form I-94.**

#### Name and address of applicant.

Name

Street Number and Name

City, State, and Zip Code

Your Form I-94, Arrival/Departure Record is attached. It has been amended to show the extension of stay/change of status granted.

# Application to Extend/Change Nonimmigrant Status

**START HERE - Please Type or Print.**

**FOR INS USE ONLY**

**Part 1. Information about you.**

Family Name		Given Name		Middle Initial
Address - In care of -				
Street Number and Name			Apt. #	
City	State	Zip Code	Daytime Phone #	
Country of Birth		Country of Citizenship		
Date of Birth (MM/DD/YYYY)		Social Security # (if any)		A # (if any)
Date of Last Arrival Into the U.S.		I-94 #		
Current Nonimmigrant Status		Expires on (MM/DD/YYYY)		

**Part 2. Application type.** (See instructions for fee.)

1. I am applying for: (Check one.)

a.  An extension of stay in my current status.

b.  A change of status. The new status I am requesting is: \_\_\_\_\_

c.  Other: (Describe grounds of eligibility.) \_\_\_\_\_

2. Number of people included in this application: (Check one.)

a.  I am the only applicant.

b.  Members of my family are filing this application with me.  
The total number of people (including me) in the application is: \_\_\_\_\_  
(Complete the supplement 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. Is this application based on an extension or change of status already granted to your spouse, child or parent?  
 No  Yes, Receipt # \_\_\_\_\_

3. Is this application based on a separate petition or application to give your spouse, child or parent an extension or change of status?  No  Yes, filed with this I-539.  
 Yes, filed previously and pending with INS. INS receipt number: \_\_\_\_\_

4. If you answered "Yes" to Question 3, give the name of the petitioner or applicant:  
\_\_\_\_\_  
If the petition or application is pending with INS, also give the following information:  
Office filed at \_\_\_\_\_ Filed on (MM/DD/YYYY) \_\_\_\_\_

**Part 4. Additional information.**

1. For applicant #1, provide passport information:  
Country of Issuance \_\_\_\_\_ Valid to: (MM/DD/YYYY) \_\_\_\_\_

2. Foreign Address: Street Number and Name \_\_\_\_\_ Apt. # \_\_\_\_\_  
City or Town \_\_\_\_\_ State or Province \_\_\_\_\_  
Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Returned	Receipt
Date	
Resubmitted	
Date	
Reloc Sent	
Date	
Reloc Rec'd	
Date	
<input type="checkbox"/> Applicant Interviewed on _____ Date _____	
<input type="checkbox"/> Extension Granted to (Date): _____  Change of Status/Extension Granted New Class: From (Date): _____ To (Date): _____	
If Denied: <input type="checkbox"/> Still within period of stay <input type="checkbox"/> S/D to: _____ <input type="checkbox"/> Place under docket control	
<b>Remarks:</b> _____ _____	
<b>Action Block</b> _____ _____	
<b>To be Completed by Attorney or Representative, if any</b>	
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.	
ATTY State License # _____	

**Part 4. Additional information.**

3. Answer the following questions. If you answer "Yes" to any question, explain on separate sheet of paper.	Yes	No
a. Are you, or any other person included on the application, an applicant for an immigrant visa?		
b. Has an immigrant petition ever been filed for you or for any other person included in this application?		
c. Has a 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?		
d. Have you, or any other person included in this application, ever been arrested or convicted of any criminal offense since last entering the U.S.?		
e. Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold?		
f. Are you, or any other person included in this application, now in removal proceedings?		
g. Have you, or any other person included in this application, been employed in the U.S. since last admitted or granted an extension or change of status?		
<ul style="list-style-type: none"><li>• If you answered "Yes" to Question 3f, give the following information concerning the removal proceedings on the attached page entitled "<b>Part 4. Additional information. Page for answers to 3f and 3g.</b>" Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began and status of proceedings.</li><li>• If you answered "No" to Question 3g, fully describe how you are supporting yourself on the attached page entitled "<b>Part 4. Additional information. Page for answers to 3f and 3g.</b>" Include the source, amount and basis for any income.</li><li>• If you answered "Yes" to Question 3g, fully describe the employment on the attached page entitled "<b>Part 4. Additional information. Page for answers to 3f and 3g.</b>" Include the name of the person employed, name and address of the employer, weekly income and whether the employment was specifically authorized by INS.</li></ul>		

**Part 5. Signature.** (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature	Print your Name	Date
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*Please note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application will have to be denied.*

**Part 6. Signature of person preparing form, if other than above. (Sign below.)**

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print your Name	Date
Firm Name and Address	Daytime Phone Number (Area Code and Number)	
	Fax Number (Area Code and Number)	

*(Please remember to enclose the mailing label with your application.)*

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**Part 4. Additional information. Page for answers to 3f and 3g.**

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**If you answered "Yes" to Question 3f** in Part 4 on page 3 of this form, give the following information concerning the removal proceedings. Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began and status of proceedings.

**If you answered "No" to Question 3g** in Part 4 on page 3 of this form, fully describe how you are supporting yourself. Include the source, amount and basis for any income.

**If you answered "Yes" to Question 3g** in Part 4 on page 3 of this form, fully describe the employment. Include the name of the person employed, name and address of the employer, weekly income and whether the employment was specifically authorized by INS.

**Supplement -1**

**Attach to Form I-539 when more than one person is included in the petition or application.**

*(List each person separately. Do not include the person named in the form.)*

Family Name	Given Name	Middle Name	Date of Birth (MM/DD/YYYY)
Country of Birth	Country of Citizenship	Social Security # (if any)	A # (if any)
Date of Arrival (MM/DD/YYYY)		I-94 #	
Current Nonimmigrant Status:		Expires On (MM/DD/YYYY)	
Country Where Passport Issued		Expiration Date (MM/DD/YYYY)	

Family Name	Given Name	Middle Name	Date of Birth (MM/DD/YYYY)
Country of Birth	Country of Citizenship	Social Security # (if any)	A # (if any)
Date of Arrival (MM/DD/YYYY)		I-94 #	
Current Nonimmigrant Status:		Expires On (MM/DD/YYYY)	
Country Where Passport Issued		Expiration Date (MM/DD/YYYY)	

Family Name	Given Name	Middle Name	Date of Birth (MM/DD/YYYY)
Country of Birth	Country of Citizenship	Social Security # (if any)	A # (if any)
Date of Arrival (MM/DD/YYYY)		I-94 #	
Current Nonimmigrant Status:		Expires On (MM/DD/YYYY)	
Country Where Passport Issued		Expiration Date (MM/DD/YYYY)	

Family Name	Given Name	Middle Name	Date of Birth (MM/DD/YYYY)
Country of Birth	Country of Citizenship	Social Security # (if any)	A # (if any)
Date of Arrival (MM/DD/YYYY)		I-94 #	
Current Nonimmigrant Status:		Expires On (MM/DD/YYYY)	
Country Where Passport Issued		Expiration Date (MM/DD/YYYY)	

Family Name	Given Name	Middle Name	Date of Birth (MM/DD/YYYY)
Country of Birth	Country of Citizenship	Social Security # (if any)	A # (if any)
Date of Arrival (MM/DD/YYYY)		I-94 #	
Current Nonimmigrant Status:		Expires On (MM/DD/YYYY)	
Country Where Passport Issued		Expiration Date (MM/DD/YYYY)	

**If you need additional space, attach a separate sheet(s) of paper.**

*Place your name, A # if any, date of birth, form number and application date at the top of the sheet(s) of paper.*