

# Change of Status Procedure (Within the U.S.)

Office of International Education  
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## WHO CAN REQUEST A CHANGE OF STATUS?

Non-immigrants in the United States who have maintained lawful status may apply to the U.S. Citizenship and Immigration Services (USCIS) for a change of non-immigrant status if their primary purpose for being in the United States changes. In order to change from one nonimmigrant status to F-1 student status, *the applicant must first receive full academic admission to a degree program at the University of Georgia.*

**To apply for a change of status it is advised to read this handout, prepare the necessary documents, and make an appointment to meet with an international student advisor to submit the following documents:**

- ❑ A cover letter addressed to U.S. Citizenship & Immigration Services (USCIS) explaining your request for a change of status. Include a brief statement of your visa status history, statement of financial support, and indication of why the change is needed.
- ❑ Form I-539 (attached)
- ❑ A copy of passport ID page which has at least 6 months validity.
- ❑ Proof of current legal status
  - i. H1b holders: include copies of visa, I 797, pay stub and /or letter from employer.
  - ii. Dependent visa holders (F-2, E-2, H-4): include copies of your current status as well as those of the primary visa holder.
- ❑ **Original** I-94 Arrival/Departure card
- ❑ Proof of financial support (Original bank statements, assistantship offer letter, or other official documents showing access to consistent fluid finances. Speak with an advisor for more details.)
- ❑ Acceptance letter to a UGA degree program or transcripts and letter from academic advisor (this letter should show how long you have been enrolled and your expected graduation date)
- ❑ Request for Form I-20 (attached)
- ❑ Proof of payment of DHS I-901 SEVIS fee (payment can only be made once I-20 is issued) [http://www.ice.gov/sevis/i901/wu\\_instr.htm](http://www.ice.gov/sevis/i901/wu_instr.htm)
- ❑ Check or money order payable to "USCIS" for \$300.00

Please remember that immigration may take 2-4 months to process a change of status request. A receipt confirming that USCIS has received your application will be sent to the OIE approximately 2-3 weeks after you mail the application. Once a change of status application is approved, OIE will receive your new Form I-20 and new I-94 card. Upon receiving the receipt and the documents showing an approval, we will contact you for pick-up.

## IMPORTANT REMINDERS

- If you are currently in a status that does not permit you to work or study, you cannot begin studying or working until USCIS has approved your F-1 status.
- The following visa types cannot change their status inside the United States:
  - B-1 or B-2 (unless arrived before April 13, 2002, or have prospective student on their I-94 card), C, D, K, or M, as well as J-1 students subject to the two-year home country requirement known as 212(e). Additionally, individuals who entered the U.S. as a tourist under the Visa Waiver Pilot Program with a WT or WB indicated on their I-94 card cannot change status from inside the US.

# Request for Form I-20

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
(Family or Last Name) (First Name)  
Local Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
UGA ID # \_\_\_\_\_ Social Security Number # \_\_\_\_\_  
Number used for registration in OASIS  
I-94 Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month/Day/Year

Before the Office of International Education can issue you a new form I-20, we must review your financial documents to certify that you have sufficient funds to cover the cost of your study and living expenses.

- The amount of funding that you need to show depends on your level of study and the number of dependents you have.
- If you are claiming funds from UGA (athletic scholarships or graduate assistantships) as a source of your support, remember to include letters that state the actual amount of money you receive from the institution.
- Sources outside UGA must include personal bank statements and affidavits/letters of support from relatives and sponsors.
- All financial documents must be **original** (no faxes, bank or internet print-outs will be accepted) and must be dated within the last 6 months.
- Official bank statements will not be returned.

## I am requesting a new I-20 because (check all that apply):

\_\_\_\_\_ I need to file a petition with the USCIS to change my status or seek reinstatement to F-1 status.  
\*include original financial documents showing ability to cover cost of tuition and living expenses for minimum of 1 year of study.

\_\_\_\_\_ My level of studies ( Bachelor's, Master's or PhD) has changed.

Old level and major \_\_\_\_\_

New level and major \_\_\_\_\_

\*please include a written confirmation letter from your advisor or department regarding the change & submit original financial documents.

\_\_\_\_\_ My major has changed (within the same level of studies)

Old Major \_\_\_\_\_ New Major \_\_\_\_\_

\*Note : No financial documents are necessary to update this change, only submit this form to OIE.

\_\_\_\_\_ I need more time to complete my degree program (program extension).

\*please include a letter from your department stating the reasons for the delay and the new date of graduation, and new original financial documents. See the F-1 extension packet for more guidance.

\_\_\_\_\_ Dependent(s): I want my dependents to join me.

\_\_\_\_\_ Dependent(s): They are already here

\*Dependent I-20s require financial documents based on the financial calculator on back page and must complete the section below.

| <i>Family or Last Name, First Name</i> | <i>Date of Birth (Month/Day/Year)</i> | <i>Country of Birth</i> | <i>Relationship</i> |
|--|---------------------------------------|-------------------------|---------------------|
| _____                                  | _____                                 | _____                   | _____               |
| _____                                  | _____                                 | _____                   | _____               |
| _____                                  | _____                                 | _____                   | _____               |

Other reason (please explain in detail): \_\_\_\_\_

To calculate an estimate of your expenses, you will need to choose the appropriate items from each of the 3 categories on this form. All students pay books and insurance. Please select the living expense and tuition amounts that apply to you. You can use the lines of the table to list and add your expenses.

| <i>1. Tuition &amp; Fees</i>  |               | <i>2. Living Expenses</i>                        |              |
|-------------------------------|---------------|--|--------------|
| Undergrad. non-resident       | <b>20,726</b> | Single Student, 9 months                         | <b>7,200</b> |
| Undergrad. resident           | <b>5,622</b>  | Single Student, 12 months                        | <b>9,600</b> |
| Graduate non-resident         | <b>21,424</b> |  |              |
| Graduate resident             | <b>6,170</b>  | Students with Dependents:                        |              |
| Graduate assistant (9 month)  | <b>1,122</b>  | Student Only, 12 months                          | <b>9,600</b> |
| Graduate assistant (12 month) | <b>1,442</b>  | Spouse Only <b>Add</b>                           | <b>4,700</b> |
|                               |               | 1 Child Only <b>Add</b>                          | <b>2,600</b> |
|                               |               | Each Additional Child <b>Add</b>                 | <b>1,800</b> |
|                               |               |  |              |
|                               |               | <b>3. Books, Insurance, &amp; ISCF * 9 month</b> | <b>1,740</b> |
|                               |               | <b>12 month</b>                                  | <b>1,990</b> |
|                               |               | <i>*International Student Compliance Fee</i>     |              |
|                               |               | <b>Total</b>                                     |              |

**STOP: TO BE COMPLETED BY OIE ADVISOR**

**Purpose of New I-20**

- Initial Attendance
- Continued Attendance
- Dependents entering U.S.
- Other: \_\_\_\_\_

**Sources & Amounts of Funds**

- Student's Personal Funds \$ \_\_\_\_\_
- Funds from UGA \$ \_\_\_\_\_  
(Assistantships, Scholarships, etc.)
- Funds from another source \$ \_\_\_\_\_

**Level & Course of Study**

Level: \_\_\_\_\_

Major: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Advisor Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR ADDITIONAL INFORMATION CONTACT  
THE OFFICE OF INTERNATIONAL EDUCATION AT 425-3154**

# I-539, Application to Extend/ Change Nonimmigrant Status

**START HERE - Please type or print in black ink**

**For USCIS Use Only**

**Part 1. Information About You**

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

|   |         |
|---|---------|
| 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):<br>_____                          |         |
| Change of Status/Extension Granted<br>New Class: From (Date): _____<br>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<br/>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 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.  Reinstatement to student status.

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. USCIS 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 USCIS. Receipt #: \_\_\_\_\_

4. If you answered "Yes" to Question 3, give the name of the petitioner or applicant: \_\_\_\_\_

If the petition or application is pending with USCIS, also give the following data:

|                       |                             |
|-----------------------|-----------------------------|
| Office filed at _____ | Filed on (mm/dd/yyyy) _____ |
|-----------------------|-----------------------------|

**Part 4. Additional Information**

1. For applicant #1, provide passport information: Valid to: (mm/dd/yyyy) \_\_\_\_\_  
Country of Issuance: \_\_\_\_\_

2. Foreign Address: Street Number and Name \_\_\_\_\_ Apt. Number \_\_\_\_\_

|              |                   |
|--------------|-------------------|
| City or Town | State or Province |
| Country      | Zip/Postal Code   |



**3. Answer the following questions. If you answer "Yes" to any question, describe the circumstances in detail and explain on a separate sheet of paper.**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Are you, or any other person included on the application, an applicant for an immigrant visa?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has an immigrant petition ever been filed for you or for any other person included in this application?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 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?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 1. 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?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 2. Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:  |                          |                          |
| (a) Acts involving torture or genocide?   |                          |                          |
| (b) Killing any person?   |                          |                          |
| (c) Intentionally and severely injuring any person?   |                          |                          |
| (d) Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?   |                          |                          |
| (e) Limiting or denying any person's ability to exercise religious beliefs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 3. Have you EVER:  |                          |                          |
| (a) 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?                            |                          |                          |
| (b) Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 4. Have you 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?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 5. Have you EVER assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 6. Have you EVER received any type of military, paramilitary, or weapons training?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are you, or any other person included in this application, now in removal proceedings?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. 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?  | <input type="checkbox"/> | <input type="checkbox"/> |

- If you answered "Yes" to Question 3f, give the following information concerning the removal proceedings on the attached page entitled "**Part 4. Additional information. Page for answers to 3f and 3g.**" 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, fully describe how you are supporting yourself on the attached page entitled "**Part 4. Additional information. Page for answers to 3f and 3g.**" Include the source, amount, and basis for any income.
- If you answered "Yes" to Question 3g, fully describe the employment on the attached page entitled "**Part 4. Additional information. Page for answers to 3f and 3g.**" Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.



Yes No

h. Are you currently or have you ever been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor?

If "Yes," you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent. Willful failure to disclose this information (or other relevant information) can result in your application being denied. Also, provide proof of your J-1 or J-2 status, such as a copy of Form DS-2019, Certificate of Eligibility for Exchange Visitor Status, or a copy of your passport that includes the J visa stamp.

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

**Applicant's Statement** (Check One):

I can read and understand English, and have read and understand each and every question and instruction on this form, as well as my answer to each question.

Each and every question and instruction on this form, as well as my answer to each question, has been read to me by the person named below in \_\_\_\_\_, a language in which I am fluent. I understand each and every question and instruction on this form, as well as my answer to each question.

**Applicant's Signature**

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 that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

|                          |                 |      |
|--------------------------|-----------------|------|
| Signature                | Print your Name | Date |
| Daytime Telephone Number | E-Mail Address  |      |

**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 may be denied.

**Part 6. Interpreter's Statement**

Language used: \_\_\_\_\_

I certify that I am fluent in English and the above-mentioned language. I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

|                           |   |                |
|---------------------------|---|----------------|
| Signature                 | Print Your Name                                 | Date           |
| Firm Name (if applicable) | Daytime Telephone Number (Area Code and Number) |                |
| Address                   | Fax Number (Area Code and Number)               | E-Mail Address |



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**Part 7. Signature of Person Preparing Form, if Other Than Above (Sign Below)**

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|                              |  |                |
|------------------------------|--|----------------|
| Signature                    | Print Your Name                                    | Date           |
| Firm Name<br>(if applicable) | Daytime Telephone Number<br>(Area Code and Number) |                |
| Address                      | Fax Number (Area Code and Number)                  | E-Mail Address |

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.

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**Part 4. (Continued) Additional Information. (Page 2 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 USCIS.



**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 Form I-539.)*

|                               |                        |                                 |                              |                   |
|-------------------------------|------------------------|---------------------------------|------------------------------|-------------------|
| Family Name                   | Given Name             | Middle Name                     | Date of Birth (mm/dd/yyyy)   |                   |
| Country of Birth              | Country of Citizenship | U.S. Social Security # (if any) |                              | A-Number (if any) |
| Date of Arrival (mm/dd/yyyy)  |                        |                                 | I-94 Number                  |                   |
| 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 | U.S. Social Security # (if any) |                              | A-Number (if any) |
| Date of Arrival (mm/dd/yyyy)  |                        |                                 | I-94 Number                  |                   |
| 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 | U.S. Social Security # (if any) |                              | A-Number (if any) |
| Date of Arrival (mm/dd/yyyy)  |                        |                                 | I-94 Number                  |                   |
| 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 | U.S. Social Security # (if any) |                              | A-Number (if any) |
| Date of Arrival (mm/dd/yyyy)  |                        |                                 | I-94 Number                  |                   |
| 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 | U.S. Social Security # (if any) |                              | A-Number (if any) |
| Date of Arrival (mm/dd/yyyy)  |                        |                                 | I-94 Number                  |                   |
| 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 of paper.**

*Place your name, A-Number, if any, date of birth, form number, and application date at the top of the sheet of paper.*