



## REINSTATEMENT

A student who has failed to maintain F-1 student status (including but not limited to: carrying a full course load, late extension of program or missing a semester of classes) may be reinstated to F-1 status at the discretion of the District Director United States Citizenship and Immigration Services (USCIS).

**IMPORTANT:** Students who have been out of status for more than five (5) months must demonstrate that the failure to file for reinstatement within the five (5) month period was as a result of exceptional circumstances and that the student filed the request as promptly as possible under the exceptional circumstances.

Your letter to the District Director United States Citizenship and Immigration Services (USCIS) must include the following:

1. The violation of status resulted from circumstances beyond the student's control (or) that failure to receive reinstatement would result in extreme hardship to the student.
2. The student is currently pursuing, or intending to pursue, a full-time course of study.
3. The student has not been engaged in unauthorized employment.
4. The student is not in deportation proceedings.

### Procedures:

1. **Form I-539** completed by the student.
2. **Form I-20** (prepared by ISS).
3. Form I-20 with USCIS date stamp.
4. Photocopy of the **original entry I-20**.
5. **\$300.00 money order (processing fee)** made out to the United States Citizenship and Immigration Services (USCIS).
6. **Original I-94** card.
7. Photocopy of **visa** and **Passport** validity.
8. **Letter from the student** explaining why reinstatement is needed, be sure to include the four points mentioned above.
9. **Financial Statement**
10. **Letter from the advisor** indicating new graduation date.
11. **Payment receipt for SEVIS I-901 fee** if more than five months out of status
12. **All previous transcripts in sealed envelopes.**



**You may not apply for reinstatement without first speaking with an International Student Adviser.**

When all of the items are complete, **please call 453-5774 and make an appointment with Carla Coppi or Phil Lindberg** who will review all of the information prior to your submitting the application to USCIS.

E-Mail: Carla Coppi – [ccoppi@siu.edu](mailto:ccoppi@siu.edu)

Phil Lindberg – [pall8@siu.edu](mailto:pall8@siu.edu)

Following your appointment, your reinstatement application should be mailed to:

**California Service Center  
USCIS  
24000 Avilla Rd., 2<sup>nd</sup> FL  
Laguna Niguel, CA 92656**

# 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 - 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)		U. S. 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)	

Returned	Receipt
Date	
Resubmitted	
Date	
Reloc Sent	
Date	
Reloc Rec'd	
Date	
<input type="checkbox"/> Applicant Interviewed on	
Date	

**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.)*

Extension Granted to (Date): \_\_\_\_\_

Change of Status/Extension Granted  
New Class: From (Date): \_\_\_\_\_  
To (Date): \_\_\_\_\_

**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 Denied:

Still within period of stay

S/D to: \_\_\_\_\_

Place under docket control

**Remarks:**

**Action Block**

**To Be Completed by  
Attorney or Representative, if any**

Fill in box if G-28 is attached to represent the applicant.

ATTY State License # \_\_\_\_\_

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. #
City or Town _____		State or Province _____
Country _____		Zip/Postal Code _____



**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?	<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 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?	<input type="checkbox"/>	<input type="checkbox"/>
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.?	<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 U.S. 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 or a J-1 exchange visitor?  If yes, please provide the dates you maintained status as a J-1 exchange visitor or J-2 dependant. Also, please 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.	<input type="checkbox"/>	<input type="checkbox"/>

**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 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. 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 Telephone Number <i>(Area Code and Number)</i>	
	Fax Number <i>(Area Code and Number)</i>	E-Mail Address

---

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

---

**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 the Form I-539.)*

Family Name	Given Name	Middle Name	Date of Birth (mm/dd/yyyy)	
Country of Birth	County of Citizenship	U.S. 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	U.S. 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	U.S. 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	U.S. 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	U.S. 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.*