

CHANGE OF STATUS – F1 STUDENT to F2 DEPENDENT

In order to change from a student to dependent status, your F-1 spouse must be in the United States in valid F-1 status at the time you are requesting this change.

NOTE: *If you are traveling outside of the U.S., you can accomplish the change by taking a dependent I-20 and obtain an F-2 Visa at a U.S. Consulate for re-entry to the U.S. All documents normally required for a visa will be required (i.e. valid passport, financial verification and proof of relationship to F-1 student i.e., marriage certificate).*

APPLICATION PROCEDURE

PART #1: Make an appointment and bring the following to OISS:

1. Completed Form I-20 Application (attached)
2. Form I-94
3. Original Form I-20
4. A copy of your marriage certificate (English translation required)
5. Passport
6. Financial verification

PART #2: The student must send the following documents to the lockbox

1. Completed Form I-539
2. A \$290.00 check or money order made payable to Department of Homeland Security
3. A copy of your marriage certificate (English translation required)
4. A copy of your spouse's Form I-94 and Form I-20
5. Copy of your Form I-94 and Form I-20
6. Copies of the data pages in each individual's passport
7. Documentation which verifies the source and amount of financial support

PART #3: Send the documents from **PART # 2** by **certified mail** to either:

For U.S. Postal Service (USPS) Deliveries:

USCIS
PO Box 660166
Dallas, TX 75266

For Express Mail and Courier Deliveries:

USCIS
ATTN: I-539
2501 S. State Hwy. 121 Business
Suite 400
Lewisville, TX 75067

NOTE: *It may take up to 6 months to get a response from USCIS. If you have not received an answer after 4 months from the date the application was received by USCIS, speak with an adviser in OISS. You can check your status at <http://www.uscis.gov/portal/site/uscis> with your receipt number.*

WAYNE STATE UNIVERSITY
OISS APPLICATION FOR I-20

REASON FOR NEW I-20 (Please check all that apply):

Part-time Commuting Canadian for the: (Semester) _____ (Year) _____

Previous semester: _____ you were: Full-time Part-time

REMINDER: You are not eligible for on-campus employment on the part-time I-20

Will you be taking all your courses online this semester: Yes No

Part-time changing to Full-time Commuting Canadian for the: (Semester) _____ (Year) _____ *

Entry to Regain Status *

Reinstatement Within the U.S. *

Change of Major *

New Major: _____ Session Start Date: _____

Expected Graduation Date: _____

Change of Program Level

From: _____ To: _____

Pursuing Second Degree Program *

New Program Name: _____ New Program Start Date: _____

Expected Graduation Date: _____ (*Proof of Admission must be attached*)

Program Extension *

Reason for Extension: _____ New Program End Date: _____

Other: _____

Dependents* (*Please write dependents name below ONLY if you are requesting an I-20 for your dependent(s), AND BRING PROOF OF RELATIONSHIP, SUCH AS MARRIAGE CERTIFICATE, BIRTH CERTIFICATE, ETC.*)

Last Name	First Name	Middle Name	Date of Birth	Country of Birth	Country of Citizenship	Relationship

(*) Asterisk indicates that new financial documentation is required if current financial documentation is more than 6 months old.

PLEASE COMPLETE PAGE 2 OF THIS FORM

**WAYNE STATE
UNIVERSITY**
OISS APPLICATION FOR I-20

PERSONAL DATA

Visa Type:		WSU Email:	
SEVIS ID (From I-20):		WSU ID:	
Please Check: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms.		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Month/Day/Year):
Country of Citizenship:		Country of Birth:	
Last Name:	First Name:	Middle Name:	
Current Degree Program: <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Ph.D. <input type="checkbox"/> Pharm. D. <input type="checkbox"/> Other (Please Specify): _____			
Major:		Academic Department:	
Program Start Date:		Program End Date:	

FINANCIAL RESOURCES (If Required, Marked by Asterisks * on Page 1)

Student Personal Funds:	Funds From This School: (Scholarships, Assistantships, etc.)
Funds From Other Sources: (Specify Source)	On Campus Employment:

FORGEIN ADDRESS

Street:	
City:	Province:
Postal Code/ Zip Code:	Country:

U.S. ADDRESS

Street:		
City:	State:	Zip Code:

TELEPHONE

Home:	Work:	Mobile:
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I will pick up I-20 **Student's signature:** _____ **Date:** _____

OISS STAFF ONLY Application Reviewed By: _____ Date: _____

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

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

For USCIS Use Only

Part 1. Information About You

Family Name (Last Name)		Given Name (First Name)		Middle Name
Address - 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 (mm/dd/yyyy)		U. S. Social Security # (if any)	A-Number (if any)	
Date of Last Arrival Into the U.S.		I-94 Number		
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. 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.)

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

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

Office filed at _____	Filed on (mm/dd/yyyy) _____
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Remarks:

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

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 # _____



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



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

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

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.

Part 4. (Continued) Additional Information. (Page 2 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 Form I-539.)

Family Name (Last Name)	Given Name (First 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 (Last Name)	Given Name (First 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 (Last Name)	Given Name (First 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 (Last Name)	Given Name (First 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 (Last Name)	Given Name (First 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.