

PLEASE NOTE: **ALL FIELDS** OF FORM I-539 ARE TO BE COMPLETED; THE INFORMATION IN *ITALICS* IS THE STANDARD UCI INFORMATION ON ALL I-539 FORMS; THE OTHER INFORMATION IS INSTRUCTION ONLY.

PAGES 1-4: COMPLETE ENTIRE FORM, USING THE FOLLOWING INFORMATION WHERE INDICATED:

PART ONE:	SPOUSE OR ELDEST DEPENDENT'S NAME [FAMILY, GIVEN, MIDDLE] <i>UCI INTERNATIONAL CENTER, C/O: H-1B VISA HOLDER'S NAME</i> <i>UCI STUDENT CENTER, G302</i> <i>IRVINE, CA 92697-5255, 949.824.7249</i>
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PART FIVE:	SPOUSE OR ELDEST DEPENDENT'S SIGNATURE [IN BLUE INK]
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