

NAME (Exactly as it appears on the Nonimmigrant Document)			INDEX CODE
FILE NO.	DATE AND PORT OF LAST ARRIVAL IN UNITED STATES	CLASS	DATE OF BIRTH
COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	DATE OF REPORT	REPORTING OFFICE
DATE AUTHORIZED STAY EXPIRES	J-1 VISITOR (Current Program No. & Institution)		
<input type="checkbox"/> EXTENSION OF STAY GRANTED TO: (date) _____			
<input type="checkbox"/> EXTENSION DENIED; V/D TO: (date) _____			
<input type="checkbox"/> OSC ISSUED: (date) _____			
<input type="checkbox"/> V/D GRANTED TO: (date) _____ W/O ISSUANCE OF OSC			
<input type="checkbox"/> RECLASSIFICATION TO: (class) _____ (date) _____			
APPLICANT FOR: (Use only to notify Document Control that application is pending)			
<input type="checkbox"/> EXTENSION <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> CHANGE OF NONIMMIGRANT STATUS			
I-530 (Rev. 11-25-79)N		REPORT OF ACTION - NONIMMIGRANT	
UNITED STATES DEPARTMENT OF JUSTICE		Immigration and Naturalization Service	