Note: We strongly recommend to type this form.

Please refer to the USCIS I-765 instructions for line by line guidance on how to fill out the form.

If you feel you do not have enough space to answer any questions, use the space provided in Part 6.

It is acceptable to handwrite information in fields that may not be fillable.

Check this box for all types of OPT (i.e. Pre, Post, STEM).

This name should match your passport.

Sample of I-765 | Application for OPT Employment Authorization

Use this sample form as a guide when filling out your application.
Part 2. Information About You (continued)

Your U.S. Mailing Address

<table>
<thead>
<tr>
<th>ISSO-CUMC</th>
</tr>
</thead>
</table>

ISSO Morningside

5.a. In Care Of Name (if any)

Someone else’s name only (not yours)

5.b. Street Number and Name

123 W 50th St

5.c. Apt. □ Ste. □ Flr. □ 10A

5.d. City or Town

New York

5.e. State [ ] NY [ ] Zip Code 10027

(U.S.P. Zip Code Lookup)

6. Is your current mailing address the same as your physical address?

□ Yes □ No

NOTE: If you answered “No” to Item Number 6, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name


7.c. City or Town

7.d. State [ ] NY [ ] Zip Code

Other Information

9.b. Alien Registration Number (A-Number) (if any)

9.a. USCIS Online Account Number (if any)

10. Gender

□ Male □ Female

11. Marital Status

□ Single □ Married □ Divorced □ Widowed

12. Have you previously filed Form I-765?

□ Yes □ No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

□ Yes □ No

NOTE: If you answered “No” to Item Number 13.a, skip to Item Number 14. If you answered “Yes” to Item Number 13.a, provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9

14. Do you want the SSA to issue you a Social Security card? (You must also answer “Yes” to Item Number 15. Consent for Disclosure, to receive a card.)

□ Yes □ No

NOTE: If you answered “No” to Item Number 14, skip to Part 2, Item Number 18.a. If you answered “Yes” to Item Number 14, you must also answer “Yes” to Item Number 15.

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.

□ Yes □ No

NOTE: If you answered “Yes” to Item Numbers 14. - 15, provide the information requested in Item Numbers 16.a. - 17.b.

Father’s Name

Provide your father’s birth name.

16.a. Family Name (Last Name)

Doe

16.b. Given Name (First Name)

John

Mother’s Name

Provide your mother’s birth name.

17.a. Family Name (Last Name)

Doe

17.b. Given Name (First Name)

Mary

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

18.a. Country

China

18.b. Country

If you do not have an SSN or need a replacement card, you answer “Yes” to 14 and 15 and complete 16 and 17.

Please note: you are not required to request an SSN using this application.

Do not skip this. Everyone must enter a country.

Answer “Yes”: if you still have your SSN card. Complete 13b, answer “No” to 14, and leave 15-17 blank.

- if you had an SSN card and would like a replacement card. Answer “Yes” to 14 and 15 and complete 16-17.

If you answered “Yes”, provide copies of previous EADs with your application, if available. If unavailable, you can explain in Part 6.

Answer “Yes”: if you still have your SSN card. Complete 13b, answer “No” to 14, and leave 15-17 blank.
Information About Your Eligibility Category

27. Eligibility Category. Refer to the Who May File Form I-765 section of the Form 1-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (c)(6), (c)(17)(iii)).

28. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27, provide the information requested in Item Numbers 28a - 28c.

28.a. Degree Bachelor's, Computer Science

28.b. Employer's Name as Listed in E-Verify Google Inc.

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number 1234

29. (c)(6) Eligibility Category. If you entered the eligibility category (c)(6) in Item Number 27, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27, have you EVER been arrested for and/or convicted of any crime?  
☐ Yes ☐ No

NOTE: If you answered “Yes” to Item Number 30, refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) in the Required Documentation section of the Form 1-765 Instructions for information about providing court dispositions.

31.a. (c)(3)(A) and (c)(3)(B) Eligibility Category. If you entered the eligibility category (c)(3)(A) or (c)(3)(B) in Item Number 27, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(3)(C) in Item Number 27, please provide the receipt number of your spouse’s or parent’s Form I-797 Notice for Form I-140.

31.b. If you entered the eligibility category (c)(3)(A) or (c)(3)(B) in Item Number 27, have you EVER been arrested for and/or convicted of any crime?  
☐ Yes ☐ No

NOTE: If you answered “Yes” to Item Number 31.b., refer to Employment-Based Nonimmigrant Categories, Items 8 - 9, in the Who May File Form I-765 section of the Form 1-765 Instructions for information about providing court dispositions.
Part 3. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant’s Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

1.a. [ ] I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. [ ] The interpreter named in Part 4, read to me every question and instruction on this application and my answer to every question in a language in which I am fluent, and I understand everything.

2. [ ] At my request, the preparer named in Part 5, prepared this application for me based upon information I provided or authorized.

Applicant’s Contact Information

3. Applicant’s Daytime Telephone Number

2121234567

4. Applicant’s Mobile Telephone Number (if any)

5. Applicant’s Email Address (if any)

jd123@columbia.edu

6. [ ] Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC program.

Part 4. Interpreter’s Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter’s Full Name

1.a. Interpreter’s Family Name (Last Name)

1.b. Interpreter’s Given Name (First Name)

2. Interpreter’s Business or Organization Name (if any)

Applicant’s Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefits that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath or certification that:

1) I reviewed and understood all of the information contained in, and submitted with, my application; and

2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant’s Signature

[ ]

Sign here, using dark blue or black ink.

E-signatures are not acceptable.

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.
Page 5 (Part 4) refers to other persons who may have completed the form for you. Leave blank unless someone has assisted you in filling out this form. Still include this page in your final application, even if blank.

Page 6 (Part 5) refers to other persons who may have completed the form for you. Leave blank unless someone has assisted you in filling out this form. Still include this page in your final application, even if blank.

Use Page 7 if you need extra space to answer any questions from pages 1 - 4. Still include this page in your final application, even if blank.

Note: Include all 3 of these pages in your application, even if they are blank.

Do not upload an editable PDF to the ISSO. You must upload a scanned version of the hard copy document.