Sample of I-765 | Application for OPT Employment Authorization

Use this sample form as a guide when filling out your application.

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.
This section is where USCIS will mail your EAD card after your OPT is approved. If you will not receive mail at this address for at least 4 months, use another address (e.g. a friend’s address). Be sure that the building will accept mail addressed with “C/O” or “In care of.”

Leave 5.a. blank if sending to your own address. If you’re using someone else’s address, write their name here.

If you answered “Yes”, skip 7.a.-7.d. If you answered “No”, complete 7.a.-7.d.

The U.S. Physical Address is where you are living now and does not affect your mailing address. Your EAD card will be sent to “Your U.S. Mailing Address.” Handwrite or type your current physical address at the time of application.

This number is listed on your most recent EAD card. It can be found under the “USCIS #” area. If you do not have one or lost it then you can leave blank.

Refer to the USCIS I-765 instructions- Item 9 on page 17. Leave this blank if it does not apply to you.

If you answered “Yes”, provide copies of previous EADs with you 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.
- if had an SSN card and would like a replacement card. Answer “Yes” to 14 and 15 and complete 16-17.

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 18a. If you answered “Yes” to Item Number 14, you must also answer “Yes” to Item 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.

16.a. Family Name
Doe
16.b. Given Name (First Name)
John

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

Do not skip this. Everyone must enter a country.

Answer “No” if you were never issued on SSN card. Skip 13b and complete 14 - 17.
Part 2. Information About You (continued)

Place of Birth
List the city/town/village, state/province, and country where you were born.
19.a. City/Town/Village of Birth: Beijing
19.b. State/Province of Birth:
19.c. Country of Birth: China
20. Date of Birth (mm/dd/yyyy): 01/01/1990

Information About Your Last Arrival in the United States
21.a. Form I-94 Arrival-Departure Record Number (if any):
   1 2 3 4 5 6 7 8 9 0
21.b. Passport Number of Your Most Recently Issued Passport:
   1 2 3 4 5 6 7 8 9 0
21.c. Travel Document Number (if any):

21.d. Country That Issued Your Passport or Travel Document:
   China
21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 08/01/2028
22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy): 01/01/2017
23. Place of Your Last Arrival Into the United States:
   JFK, New York, NY

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status): F-1 Student
25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category): F-1 Student
26. Your Social Security Number is on the top left of your most recent I-20.

27. Eligibility Category. Refer to the Who May File Form I-765 instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, A, B, C, D, E, F).

28. Eligibility Category: (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27, provide information requested in Item Numbers 28.a. - 28.c.
   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. Eligibility Category: (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27, provide the receipt number of your I-129 Petition for a Nonimmigrant Worker.

30. (c)(5) Eligibility Category. If you entered the eligibility category (c)(5) in Item Number 27, provide the information requested in Item Numbers 30.a. - 30.g.
   30.a. Have you EVER been arrested, and/or charged with, and/or convicted of any crime in any country? Yes No

NOTE: If you answered “Yes” to Item Number 30.a., refer to Special Filing Instructions for Those With Pending Asylum Application(s) for the Form I-765 instructions. You must file this form within 30 days of the date the asylum application is denied.

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer “Yes,” you MUST provide evidence of your lawful entry.) Yes No

30.c. If you answered “No” to Item 30.b., did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry AND express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country? Yes No

Your SEVIS Number is on the top left of your most recent I-20.
Part 2. Information About You (continued)
If you answered "Yes" to Item Number 30.e., provide the following information:
30.d. Date you presented yourself to DHS
30.e. Location where you presented yourself to DHS
30.f. Country of claimed persecution
30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

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 6, 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 understood everything.

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

Applicant's Contact Information
3. Applicant's Daytime Telephone Number
212345678
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 settlement agreement.

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 benefit 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.
### Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

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 reaffirming 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

**7.a.** Applicant's Signature

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**7.b.** Date of Signature (mm/dd/yyyy) [01/01/2017]

#### 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.

### Part 4. Interpreter's Contact Information, Certification, and Signature

#### Interpreter’s Mailing Address

<table>
<thead>
<tr>
<th>3.a. Street Number and Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.c. City or Town</td>
</tr>
<tr>
<td>3.d. State</td>
</tr>
<tr>
<td>3.f. Province</td>
</tr>
<tr>
<td>3.g. Postal Code</td>
</tr>
<tr>
<td>3.h. Country</td>
</tr>
</tbody>
</table>

#### Interpreter’s Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

#### Interpreter’s Certification

I certify, under penalty of perjury, that:

- I am fluent in English and [language], which is the same language specified in Part 3, Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.

#### Interpreter’s Signature

7.a. Interpreter's Signature

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7.b. Date of Signature (mm/dd/yyyy)
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 (Part 6) 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 both 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.