

Sample of I-765 | Application for OPT Employment Authorization

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

We strongly recommend to type this form.

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

For questions that do not apply to you, you may enter "N/A", "None", or leave empty.

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

Check this box for Pre or Post OPT only.

Check this box for STEM OPT only.

This name should match your passport.



Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 07/31/2022

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through		
	Alien Registration Number A- Leave Blank		
Remarks			
To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).		<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any)

► **START HERE - Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a. ☒ Initial permission to accept employment.
- 1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

- 1.c. ☒ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name) Doe
- 1.b. Given Name (First Name) Jane
- 1.c. Middle Name

Other Names Used

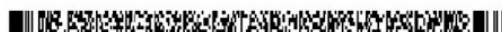
Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Refer to the USCIS I-765 instructions for line by line guidance on how to fill out the form:
<http://bit.ly/i765instr>

Ensure the barcode is displayed at the bottom of every page when printing your I-765. If it is missing, use a different computer and/or internet browser.



USCIS will use this mailing address to send receipts and EAD card. Be sure you can receive mail at this address for at least 4-5 months.

Leave 5.a. blank if sending to your own address. If you're using someone else's address, write their name here. Check with them that their name is on their mailbox to avoid problems with delivery.

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.

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 I-765 Instructions at <http://bit.ly/i765instr>.

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.

Answer "No" if you were never issued an SSN card. Skip 13b and complete 14 - 17.

Part 2. Information About You (continued)

Your U.S. Mailing Address (USPS ZIP Code Lookup)

- 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 5.f. ZIP Code 10027
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.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 7.c. City or Town
- 7.d. State 7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A-
9. 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

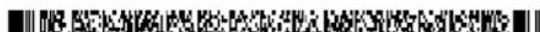
Your Country or Countries of Citizenship or Nationality

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, answer "Yes" to 14 and 15 and complete 16 and 17.

Do not skip this. Everyone must enter a country.



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 0

21.b. Passport Number of Your Most Recently Issued Passport

123456123456

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. Student and Exchange Visitor Information System (SEVIS) Number (if any)

N-00123456789

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the 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)(8), (c)(17)(iii)).

(X) (X) (X)

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 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. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) 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., provide the information requested in Item Numbers 30.a. - 30.g.

30.a. Have you **EVER** been arrested for, 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 Applications (c)(8)** of the Form I-765 Instructions for information about providing court dispositions.

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 Number 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

Write:

"(c)(3)(A)" for Pre-Completion OPT
"(c)(3)(B)" for Post-Completion OPT
"(c)(3)(C)" for STEM OPT Extension

Complete 28.a. - 28.c. ONLY if you are applying for a STEM OPT Extension.

STEM OPT Only: Enter your Degree level (Bachelor's, Master's, Doctorate).

STEM OPT Only: Followed by your major **as listed** on page 1 of your I-20. Handwrite if it doesn't fit.

STEM OPT Only: Be sure to put the company's name as listed in E-Verify.

STEM OPT Only: The E-verify number is **not** the employer's EIN. The E-verify number is usually 4- 7 digits.

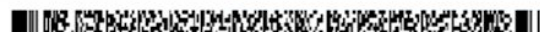
Type your 11-digit I-94 number from your most recent I-94 at: <https://i94.cbp.dhs.gov/i94>.

If you have a travel document other than a passport, provide its number.

Indicate the last date you entered the US. Sometimes the I-94 record may not capture this information if you traveled at land border. Therefore the date you indicate here and the date printed out on the electronic I-94 record may not match.

For Example:
"JFK New York, New York"
"EWR Newark, New Jersey"
"Toronto Preclearance"
Preclearance locations:
<http://bit.ly/cbppreclear>

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.c.**, 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.**

NOTE: Refer to the **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** section of the Form I-765 Instructions for more information.

31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) 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)(36) 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)(35) or (c)(36) 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 I-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 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

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 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.

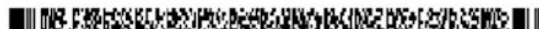
I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

Check this box.

For example, if an attorney has assisted you in filling out this form, indicate their name here. Not fill-able. Must handwrite.

Provide a U.S. phone number. You can use your mobile number here.

Please use a current email address.



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

→ 

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

01/01/2017

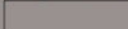
NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

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


Provide the following information about the interpreter.

Interpreter's Full Name

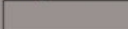
1.a. Interpreter's Family Name (Last Name)



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



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




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

Interpreter's Mailing Address

3.a. Street Number and Name



3.b. ☐ Apt. ☐ Ste. ☐ Flr.



3.c. City or Town



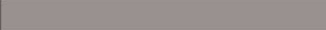
3.d. State



3.e. ZIP Code



3.f. Province



3.g. Postal Code

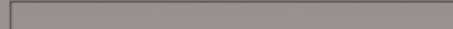


3.h. Country



Interpreter's Contact Information

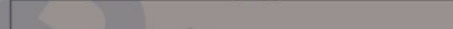
4. Interpreter's Daytime Telephone Number



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:

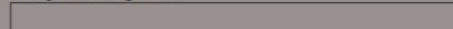
I am fluent in English and



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



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



Part 4 refers to an interpreter who may have completed the form for you. Leave blank unless an interpreter has assisted you in filling out this form. Still include this in your final application, even if blank.

Sign the document in black ink, not blue.

E-signatures are **not** acceptable.



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.

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. ☐ I am an attorney or accredited representative and my representation of the applicant in this case ☐ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

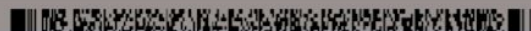
Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)



Provide all previously authorized OPT, CPT, and any previous SEVIS number(s).

OPT authorizations refer to Page 3, Part 2, Item 27.

For every OPT authorization, it is not necessary to add employer name(s), however, please indicate only the following:

- Pre-Completion or Post-Completion
- Full-time or Part-time
- the dates of the authorization
- the academic level at which it was authorized
- your SEVIS number

CPT authorizations refer to Page 3, Part 2, Item 27.

For every CPT authorization, please indicate only the following:

- Employer name
- Full-time or Part-time
- the dates of the authorization
- the academic level at which it was authorized
- your SEVIS number

If you had any other SEVIS number(s), you will need to indicate it here.

Enter Page 3, Part 2, Item 26.

If you had a previous SEVIS number(s):

- indicate the SEVIS number
- the institution
- the academic level
- the program's start and end date

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) Doe

1.b. Given Name (First Name) Jane

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3 3.b. Part Number 2 3.c. Item Number 27

3.d. Pre-Completion OPT

Full-time

4/1/2012 - 5/2/2012

Bachelor's

N00123456789

CPT, Google, Part-time

1/1/2011 - 2/2/2012

Master's

N00123456789

4.a. Page Number 3 4.b. Part Number 2 4.c. Item Number 26

4.d. Previous SEVIS number:

N00987654321

Great University

Bachelor's

1/1/2009 - 12/12/2010

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. If you need more space for additional CPT and OPT authorizations, you may use these additional text boxes.

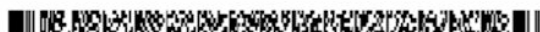
This may auto populate from question 8 on page 2 if you download the I-765 on your desktop.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. If you need more space for additional CPT and OPT authorizations, you may use these additional text boxes.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. If you need more space for additional CPT and OPT authorizations, you may use these additional text boxes.



Congratulations -- You're Done!

Just check these final notes:

1. We strongly recommend to type this form, but it is acceptable to handwrite information in fields that may not be fillable.
2. Include all pages in your application, even if they are blank.
3. Do not upload an editable PDF to the ISSO. You must upload a scanned version of the hard copy document.
4. Ensure the barcode is displayed at the bottom of every page when printing your I-765. If it is missing, use a different computer and/or internet browser.
5. Refer to the USCIS I-765 instructions for line by line guidance on how to fill out the form: <http://bit.ly/i765instr>.
6. For questions that do not apply to you, you may enter "N/A", "None", or leave empty.