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.

START HERE - Type or print in black ink.

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

1.b. Given Name

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

2.b. Given Name

2.c. Middle Name

3.a. Family Name

3.b. Given Name

3.c. Middle Name

4.a. Family Name

4.b. Given Name

4.c. Middle Name

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).

If you will use your own address, then you can leave this line blank. If you use someone else’s address, be sure to write their name in this “In Care Of” line.

This is not fillable. Must handwrite.

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

Handwrite 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 lose 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 your application, if available. If unavailable, you can explain in Part 6.

Answer “Yes” if you have an SSN card. Complete 13b and skip 14-17.

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

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.

Part 2. Information About You (continued)

Your U.S. Mailing Address

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

5.b. Street Number and Name
   123 W 50th St

   10A

5.d. City or Town
   New York

5.e. State
   NY 5. 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.c. City or Town

7.d. State ☐ 7.e. ZIP Code

Other Information

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

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

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
   China
<table>
<thead>
<tr>
<th>Place of Birth</th>
<th>Information About Your Eligibility Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town/Village of Birth</td>
<td>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, (c)(5), (c)(17)(iii)).</td>
</tr>
<tr>
<td>Beijing</td>
<td>(X)</td>
</tr>
<tr>
<td>State/Province of Birth</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Country of Birth</td>
<td>28a. Degree</td>
</tr>
<tr>
<td>China</td>
<td>28b. Employer's Name As Listed In E-Verify Google Inc.</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>28c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number</td>
</tr>
<tr>
<td>01/01/1990</td>
<td>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.</td>
</tr>
<tr>
<td>Form I-94 Arrival-Departure Record Number (if any)</td>
<td>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?</td>
</tr>
<tr>
<td>12345678900</td>
<td>Yes</td>
</tr>
<tr>
<td>Passport Number of Your Most Recently Issued Passport</td>
<td>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 I-765 Instructions for information about proving court dispositions.</td>
</tr>
<tr>
<td>123456123456</td>
<td>31a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27, 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)(35) in Item Number 27, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.</td>
</tr>
<tr>
<td>31b. 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?</td>
<td>Yes</td>
</tr>
<tr>
<td>Travel Document Number (if any)</td>
<td>NOTE: If you answered “Yes” to Item Number 31b, 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 proving court dispositions.</td>
</tr>
<tr>
<td>China</td>
<td></td>
</tr>
<tr>
<td>Expiration Date for Passport or Travel Document</td>
<td></td>
</tr>
<tr>
<td>08/01/2028</td>
<td></td>
</tr>
<tr>
<td>Date of Your Last Arrival Into the United States On or About (mm/dd/yyyy)</td>
<td>01/01/2017</td>
</tr>
<tr>
<td>Place of Your Last Arrival Into the United States</td>
<td>JFK, New York, NY</td>
</tr>
<tr>
<td>Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)</td>
<td>F-1 Student</td>
</tr>
<tr>
<td>Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)</td>
<td>F-1 Student</td>
</tr>
<tr>
<td>Student and Exchange Visitor Information System (SEVIS) Number (if any)</td>
<td>N 1234567890</td>
</tr>
</tbody>
</table>

Form I-765 05/31/18

Page 3 of 7


ISSO Morningside | ISSO-CUMC |
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.

Leave Blank

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
   212-123-4567

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

5. Applicant’s Email Address (if any)
   jcl213@columbia.edu

6. □ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC Card/Program.

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 support of 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 confirming 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

Sign here, using dark blue or black ink. E-signatures are not acceptable.

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.

Leave this section blank unless someone has assisted you in filling out this form.

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)

Note: Part 4 and 5 of this form are not included in this sample because they refer to others who may have completed the form. Leave blank unless someone has assisted you in filling out this form. Use Page 7 if you need extra space to answer any questions from Pages 1 - 4.