Sample of I-765 | Application for OPT Employment Authorization

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

Application For Employment Authorization
Department of Homeland Security
U.S. Citizenship and Immigration Services

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a.</td>
<td>Initial permission to accept employment.</td>
</tr>
<tr>
<td>1b.</td>
<td>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.</td>
</tr>
</tbody>
</table>

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Part 1. Reason for Applying

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a.</td>
<td>Initial permission to accept employment.</td>
</tr>
<tr>
<td>1b.</td>
<td>Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to USCIS error.</td>
</tr>
<tr>
<td>1c.</td>
<td>Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)</td>
</tr>
</tbody>
</table>

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Part 2. Information About You

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a.</td>
<td>Family Name (Last Name) Doe</td>
</tr>
<tr>
<td>1b.</td>
<td>Given Name (First Name) Jane</td>
</tr>
<tr>
<td>1c.</td>
<td>Middle Name</td>
</tr>
</tbody>
</table>

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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.
Part 2. Information About You (continued)

Your U.S. Mailing Address

5a. In Care Of Name (if any)
   Someone else's name only (not yours)
   □ Yes □ No

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

5c. Apt. □ Ste. □ Flr. □ 10A

5d. City or Town
   New York

5e. State □ NY □ NJ □ PA □ MA □ CT □ VT □ VT □ VT
   □ 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

7a. Street Name and Number


7c. City or Town

7d. State □ NY □ NJ □ PA □ MA □ CT □ VT □ VT □ VT
   □ ZIP Code □ 10027

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 filled Form I-765?
    □ Yes □ No

13a. 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 13a, skip to Item Number 14. If you answered “Yes” to Item Number 13a, skip to Item Number 18b. If you answered “Yes” to Item Number 13a, provide the information requested in Item Number 13b.

13b. 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 15a. Consent for Disclosure, to receive a card.)
   □ Yes □ No

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of issuing me an SSN. If you answered “Yes” to Item Number 15a, you must also answer “Yes” to Item Number 15b.
   □ Yes □ No

16. a. Family Name (Last 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.
### 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
   - China

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
   - 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

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### 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, (c)(8), (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. - 28e.

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 30a. - 30g.

30.a. Have you EVER been arrested, and/or charged with, and/or convicted of any crime in any country?
   - Yes No

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 answered "Yes," you MUST provide evidence of your lawful entry.)
   - Yes No

30.c. If you answered "No" to Item Number 30b, 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

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Note: If you answered "Yes" to Item Number 30a., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) of the Form I-765 Instructions for those who have pending asylum applications.

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**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.
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.

NOTE: Refer to the Special Filling Instructions for Those With Pending Asylum Application (c)(5) 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 understand 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.
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

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)

Interpreter's Mailing Address
3.a. Street Number and Name


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) 

Sign the document in black ink, not blue. E-signatures are not acceptable.

Leave Blank

Leave 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.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)

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.
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.


If you had a previous SEVIS number(s):
- indicate the SEVIS number
- the institution
- the academic level
- the program's start and end date

<table>
<thead>
<tr>
<th>1.a. Family Name (Last Name)</th>
<th>Doe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.b. Given Name (First Name)</td>
<td>Jane</td>
</tr>
<tr>
<td>1.c. Middle Name</td>
<td></td>
</tr>
<tr>
<td>2. A-Number (if any)</td>
<td>A-</td>
</tr>
<tr>
<td>3.a. Page Number 3</td>
<td>2</td>
</tr>
<tr>
<td>3.b. Part Number 3</td>
<td>27</td>
</tr>
<tr>
<td>3.d. Pre-Completion OPT</td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td></td>
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<tr>
<td>4/1/2012 - 5/2/2012</td>
<td></td>
</tr>
<tr>
<td>Bachelor's</td>
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</tr>
<tr>
<td>N00123456789</td>
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<tr>
<td>CPT, Google, Part-time</td>
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<tr>
<td>1/1/2011 - 2/2/2012</td>
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<tr>
<td>Master's</td>
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<td>4.a. Page Number 3</td>
<td>2</td>
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<tr>
<td>4.d. Previous SEVIS number</td>
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<td>N00987654321</td>
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<tr>
<td>Great University Bachelor's</td>
<td></td>
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<tr>
<td>1/1/2009 - 12/12/2010</td>
<td></td>
</tr>
</tbody>
</table>

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.
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.


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