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 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.

---

For example, names you've used on other official government documents.

---

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.e. 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

---

Form I-765 05/31/18

Page 1 of 7

**Part 2. Information About You (continued)**

<table>
<thead>
<tr>
<th>Your U.S. Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.a. In Care Of Name (if any)</td>
</tr>
<tr>
<td>5.b. Street Number and Name</td>
</tr>
<tr>
<td>5.c. Apt.</td>
</tr>
<tr>
<td>5.d. City or Town</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>U.S. Physical Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.a. Street Number and Name</td>
</tr>
<tr>
<td>7.c. City or Town</td>
</tr>
<tr>
<td>7.d. State</td>
</tr>
</tbody>
</table>

**Other Information**

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

9. USCIS Online Account Number (if any) [ ]

10. Gender [ ] Male [ ] Female


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., 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) 

16.b. Given Name (First Name) 

**Mother’s Name**

Provide your mother’s birth name.

17.a. Family Name (Last Name) 

17.b. Given Name (First Name) 

**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 

18.b. Country

---

**Form I-765 05/31/18**

---

**If you do not have an SSN, but would like to apply for one, you must answer “Yes” to 14 and complete 15 - 17.b.**

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

---

### Part 2. Information About You (continued)

**Place of Birth**

List the city/town/village, state/province, and country where you were born.

<table>
<thead>
<tr>
<th>19a. City/Town/Village of Birth</th>
<th>Beijing</th>
</tr>
</thead>
<tbody>
<tr>
<td>19b. State/Province of Birth</td>
<td></td>
</tr>
<tr>
<td>19c. Country of Birth</td>
<td>China</td>
</tr>
<tr>
<td>20. Date of Birth (mm/dd/yyyy)</td>
<td>01/01/1990</td>
</tr>
</tbody>
</table>

**Information About Your Last Arrival in the United States**

| 21a. Form I-94 Arrival-Departure Record Number (if any) | 1 2 3 4 5 6 7 8 9 0 0 |
| 21b. Passport Number of Your Most Recently Issued Passport | 1234567890 |
| 21c. Travel Document Number (if any) |         |

**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)(3)(A)(i)).

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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.

| 28a. Degree | Bachelors, Computer Science |
| 28b. Employer's Name as Listed in E-Verify | Google Inc. |
| 28c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number | 1234 |
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 the 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
212-123-4567

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 Act.

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.

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)

Note: Part 4 and 5 of this form are not included in this sample because they refer to interpreter/other information. 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.