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 typing 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.

**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 (Last Name)

1.b. Given Name (First 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 (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
<table>
<thead>
<tr>
<th>Part 2. Information About You (continued)</th>
</tr>
</thead>
</table>

**Your U.S. Mailing Address**

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

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

5c. Apt. □ Ste. □ Flr. □ 10A

5d. City or Town
   - New York

5e. State □ NY □ FL ZIP Code 10027
   - (USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address?
   - Yes □ No □

**U.S. Physical Address**

7a. Street Number and Name


7c. City or Town

7d. State □ NY □ FL 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 □

13a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
   - Yes □ No □

13b. 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 18a. 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 16a. - 17b.

**Father’s Name**

Provide your father's birth name.

16a. Family Name (Last Name)
   - Doe

16b. Given Name (First Name)
   - John

**Mother’s Name**

Provide your mother's birth name.

17a. Family Name (Last Name)
   - Doe

17b. 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.

18a. Country
   - China

18b. Country
   - China

Form I-765 05/31/18

Page 2 of 7

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-123456789

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)(4), (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 - 28c.

28.a. Degree [Bachelor's, Master's, Doctorate] followed by your major as listed on page 1 of your I-20.

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)(16) Eligibility Category. If you entered the eligibility category (c)(16) 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, have you EVER been arrested for and/or convicted of any crime? ▶

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 providing court dispositions.

31.a. (c)(38) and (c)(39) Eligibility Category. If you entered the eligibility category (c)(38) 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)(39) 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? ▶

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.

Form I-765 05/31/18
**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 which I am fluent, and I understand everything.

2. □ At my request, the preparer named in Part 5, prepared this application for me based 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 and if you are an ABC alien.

**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.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingertips, photographs, 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**

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

**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)

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

**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.