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

#### Your U.S. Mailing Address

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

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
- ☐ NY

7.e. 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 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.)
- ☐ 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 16a - 17b.

#### Father's Name
- Provide your father's birth name.
- Family Name
- (Last Name)
- Doe

16.b. Given Name (First Name)
- John

#### Mother's Name
- Provide your mother's birth name.
- 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
- 

#### Additional Information
- Answer "No" if you were never issued an SSN card. Skip 13b and complete 14 - 17.
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)
   1234567890
21.b. Passport Number of Your Most Recently Issued Passport
   123456789
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)(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 28a - 28c.
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)(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.
   □ Yes □ No

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

STEM OPT Only: Enter your Degree level (Bachelor’s, Master’s, Doctorate) followed by your major as listed on page 1 of your I-20.

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 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
   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 its amendments.

Leave Blank

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 immigration benefits that I seek.

I further 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 (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.

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

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

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

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

Leave Blank

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.