**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.

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**Sample of I-765 | Application for OPT Employment Authorization**

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

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![Application Form Image](image-url)
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). Be sure that the building will accept mail addressed with “C/O” or “In care of.”

Leave 5.a. blank if sending to your own address. If you’re using someone else’s address, write their name here.

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

The U.S. Physical Address is where you are living now and does not affect your mailing address. Your EAD card will be sent to “Your U.S. Mailing Address.” Handwrite or type 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 lost it, 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 still have your SSN card. Complete 13b, answer “No” to 14, and leave 15-17 blank.
- 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)**

### 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
- **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-0123456789

### 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), b)(17)(iii)).

- **(X) (X) (X)**

28. **(c)(3)(A) C STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(A) 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

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, have you EVER been arrested for and/or convicted of any crime?

- **Yes**
- **No**

**NOTE:** If you answered “Yes” to Item Number 30a, 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.

31a. **(c)(33) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(33) 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.

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?**

- **Yes**
- **No**

**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 providing court dispositions.

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Type your 9-digit I-94 number from your most recent I-94 at: https://i94.cbp.dhs.gov/i94.

If you have a travel document other than a passport, provide its number.

Indicate the last date you entered the US. Sometimes the I-94 record may not capture this information if you traveled at land border. Therefore the date you indicate here and the date printed out on the electronic I-94 record may not match.


Your SEVIS Number is on the top left of your most recent I-20.
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. If requested, the preparer named in Part 5,

apprently prepared this application for me based upon information 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. If you are a Salvadoran or Guatemalan national eligible for benefit under the ABC Act, select this box.

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 (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 understood 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
   [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)

Leave this section blank unless someone has assisted you in filling out this form.
Note: Include all 3 of these pages in your application, even if they are blank.

Page 5 (Part 4) 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.

Include page, even if blank

Use Page 7 if you need extra space to answer any questions from pages 1-4. Still include this page in your final application, even if blank.

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.

Include page, even if blank

Include page, even if blank