



# Application For Employment Authorization

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-765

OMB No. 1615-0040

Expires 09/30/2027

<b>For USCIS Use Only</b>	Authorization/Extension Valid From <hr/>	Fee Stamp	Action Block
	Authorization/Extension Valid Through <hr/>		
	Alien Registration Number A- <input type="text"/>		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)- accredited representative (if any).	Select this box if Form G-28 is attached <input type="checkbox"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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► 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.)

## 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)	<input type="text"/>
2.b. Given Name (First Name)	<input type="text"/>
2.c. Middle Name	<input type="text"/>
3.a. Family Name (Last Name)	<input type="text"/>
3.b. Given Name (First Name)	<input type="text"/>
3.c. Middle Name	<input type="text"/>

## Part 2. Information About You

### Your Full Legal Name

1.a. Family Name (Last Name)	Koppuravuri
1.b. Given Name (First Name)	Shivateja
1.c. Middle Name	<input type="text"/>

4.a. Family Name (Last Name)	<input type="text"/>
4.b. Given Name (First Name)	<input type="text"/>
4.c. Middle Name	<input type="text"/>

## Part 2. Information About You (continued)

### Your U.S. Mailing Address

5.a. In Care Of Name (if any)

5.b. Street Number  14000 ROBINSON ST  
and Name

5.c.  Apt.  Ste.  Flr.  701

5.d. City or Town  OVERLAND PARK

5.e. State  KS 5.f. Zip Code  66223-3654

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.b.  Apt.  Ste.  Flr.

7.c. City or Town

7.d. State  7.e. Zip Code

### Other Information

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

A- 141460774

9. USCIS Online Account Number (if any)

092727779841

10. Sex  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).

054258020

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

India

18.b. 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

MACHERLA

19.b. State/Province of Birth

ANDHRA PRADESH

19.c. Country of Birth

India

20. Date of Birth (mm/dd/yyyy) 06/23/2001

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

21.a. Form I-94 Arrival-Departure Record Number (if any)

► 166404930A3

21.b. Passport Number of Your Most Recently Issued Passport

V5855106

21.c. Travel Document Number (if any)

India

21.d. Country That Issued Your Passport or Travel Document

21.e. Expiration Date for Passport or Travel Document  
(mm/dd/yyyy) 01/06/2032

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 12/21/2022

23. Place of Your Last Arrival Into the United States

DETROIT METRO-WAYNE

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

F1 - Student, Academic Or Language Program

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

F1 - Student, Academic Or Language Program

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- 0033607879

### 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)).

C03C

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 28.a. - 28.c.**

28.a. Degree Master's Degree

28.b. Employer's Name as Listed in E-Verify

JUPITER IT SOLUTIONS LLC

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

2501629

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 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)(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 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

9132953634

- 4.** Applicant's Mobile Telephone Number (if any)

9132953634

- 5.** Applicant's Email Address (if any)

sxk80960@ucmo.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.

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

Shivateja Koppuravuri

- 7.b.** Date of Signature (mm/dd/yyyy)

05/07/2025

**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)

## **Part 4. Interpreter's Contact Information, Certification, and Signature**

### **Interpreter's Mailing Address**

3.a.	Street Number and Name				
3.b.	<input type="checkbox"/> Apt.	<input type="checkbox"/> Ste.	<input type="checkbox"/> Flr.		
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 [redacted]  
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 (sign in ink)

- 7.b. Date of Signature (mm/dd/yyyy)

## **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. Preparers 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.b.	<input type="checkbox"/> Apt.	<input type="checkbox"/> Ste.	<input type="checkbox"/> Flr.		
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)

**Part 5. Contact Information, Declaration, and  
Signature of the Person Preparing this  
Application, If Other Than the Applicant**  
(continued)

***Preparer's Statement***

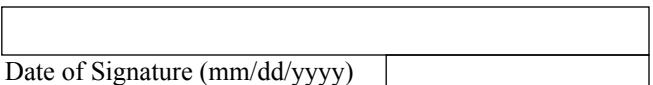
- 7.a.  I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b.  I am an attorney or accredited representative and my representation of the applicant in this case  extends  does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited representative, you may 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 (sign in ink) 

- 8.b. Date of Signature (mm/dd/yyyy) 

Electronic  
Form

Only

## Evidence Submitted

File Name	Document Category
USCIS_Ready_Photo_2x2_inch.png	Validated Photograph
OPT EAD.pdf	Identity/Travel Documents
Degree certificate .pdf	Other
700748096_i20stem_04302025 (1) (1).pdf	Other
University-of-Central-Missouri- Reaffirmation-Review-Action- Letter-6-7-24.pdf I-94.pdf	Other
	Identity/Travel Documents

Electronic  
Form  
Only