

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.



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 05/31/2020

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

Attorney or Accredited Representative USCIS Online Account Number (if any)

► **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) 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

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).

If you will use your own address, then you can leave this line blank. If you use someone else's address, be sure to write their name in this "In Care Of" line.

This is not fillable. Must handwritten.

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

Handwrite 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 then 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 you 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.

Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
J. Smith
- 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 5.f. ZIP Code 10027
(USPS ZIP Code Lookup)
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-
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., **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)
Doe
- 16.b. Given Name (First Name)
John

Mother's Name

Provide your mother's birth name.

- 17.a. 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

Answer "No" if you were never issued an SSN card. Skip 13b and complete 14 - 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 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)(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 28.a - 28.c.**

28.a. Degree Bachelors, 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)(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.

Type your 11-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.

This is where you last entered the U.S. and received your entry stamp from U.S. Customs and Border Protection (CBP). List the City and State. If there is more than one airport in that city, please specify which airport. If you went through CBP Preclearance before departure, indicate the name of the city, such as Toronto Preclearance. Preclearance locations: <http://bit.ly/cbppreclear>.

Your SEVIS Number is on the top left of your most recent I-20.

"(c)(3)(A)" - Pre-Completion OPT
"(c)(3)(B)" - Post-Completion OPT
"(c)(3)(C)" - OPT STEM Extension

Complete this section **ONLY** if you are applying for a 24-month extension of OPT for STEM majors.

Enter your Degree level (Bachelor's, Master's, Doctorate) followed by your major **as listed** on page 1 of your I-20.

Be sure to put the company's name as listed in E-Verify.

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 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

→ 

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)

Check this box.

For example, if an attorney has assisted you in filling out this form, indicate their name here. Not fillable. Must handwrite.

Provide a U.S. phone number. You can use your mobile number here.

Please use a current email address.

Sign here, using dark blue or black ink.

E-signatures are **not** acceptable.

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 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.