



Center for International Students and Scholars

Sample Form I-765 and Instructions

A Guide for Students Applying for 12-month OPT and the STEM Extension

- ✓ Typed or NEATLY written in standard blue or black ink
- ✓ No white-out, scratch-outs, or stains
- ✓ Review for errors before submitting
- ✓ Don't forget to include signed original



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 <hr/>	Fee Stamp	Action Block
	<input type="checkbox"/> 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.

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.)

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

Check 1.a. for standard 12-month OPT

Check 1.c. if you are applying for the STEM extension

Fill in your full legal name as listed on your passport. If you do not have a middle name, leave box blank

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

Only complete this section if you have legally (or for other document purposes) used another name. Otherwise, leave blank

This is the address to which your EAD card and other documents will be mailed. Government mail cannot be forwarded. You may wish to list our office (as written here)

This is the address where you physically reside

Leave questions 8 and 9 blank

Check appropriate boxes 10 & 11

Have you applied for OPT, or another form of work authorization using this form (not CPT)?

Answer accordingly. If you answer "yes," you should list your SSN in question 13B, and then skip to question 18A. If "no" answer questions 14-17b

Part 2. Information About You (continued)

Your U.S. Mailing Address

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

Ctr for Intl Students and Scholars

5.b. Street Number and Name 175 Forest Street

5.c. Apt. Ste. Flr. 310

5.d. City or Town Waltham

5.e. State MA 5.f. ZIP Code 02452

(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 1 Gardencrest Road

7.b. Apt. Ste. Flr. 1

7.c. City or Town Waltham

7.d. State MA 7.e. ZIP Code 02452

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).

►

Answer if you answered "yes" to previous question

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) Falcon

16.b. Given Name (First Name) Father

Only answer if requesting SSN

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name) Falconess

17.b. Given Name (First Name) Mother

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

USA

18.b. Country

List all countries of legal citizenship

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

Framingham

19.b. State/Province of Birth

MA

19.c. Country of Birth

USA

20. Date of Birth (mm/dd/yyyy)

05/16/1997

Answer according to place of birth and date of birth

I94 Number as listed online:
<https://i94.cbp.dhs.gov/i94/>

Include your passport number for 21b. Leave 21c blank, and then answer the rest of the questions regarding your passport and entry to the US (airport code)

Answer "F-1 Student" for 24, unless you changed your status from within the U.S. Question 25 should read "F-1 student" for all

This is the number starting with "N" listed on your form I-20

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

► 1 2 3 4 5 6 7 8 9 1 2

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

PS1234567

21.c. Travel Document Number (if any)

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

USA

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

01/15/2020

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

08/20/2018

23. Place of Your Last Arrival Into the United States

BOS

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- 01234567

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)).

(c) (3) (B)

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

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

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

(c) (3) (B) for standard 12 month OPT

If you are applying for the STEM extension (only if applying after your 12 months of OPT) your eligibility category is:

(c) (3) (C)

Fill out boxes 28a-c if you are applying for the STEM Extension (meaning you are already on standard OPT). 28a should state degree plus CIP code as appears next to major on I-20 (e.g. M.S./B.S. 52.1399). 28b should be company's official name and 28c should list company's E-verify (NOT EIN #)

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.

Leave blank

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
[redacted], a language in which I am fluent, and I understood everything.
2. At my request, the preparer named in Part 5,
[redacted], prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
6172345678
4. Applicant's Mobile Telephone Number (if any)
6273995868
5. Applicant's Email Address (if any)
bentley@bentley.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
→ [redacted]

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

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)
[redacted]

- 1.b. Interpreter's Given Name (First Name)
[redacted]

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

Leave blank

SIGN IN BLUE INK, and DATE

Signature should be within box

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

3.a. Street Number and Name

3.b. Apt. Ste. 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 , 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

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. Preparer's 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. Apt. Ste. 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 attorney, please complete Form G-1, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

**ONLY COMPLETE THIS PAGE IF
SOMEONE IS HELPING YOUR
PREPARE YOUR 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

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

Put any information that did not fit in original sections in this space (leave blank if nothing)

Use this section to fill out information about previous CPT and OPT, and previous SEVIS ID numbers. Follow the example format provided starting in section 3d. If you have multiple CPT/OPT periods, continue to 4a using the same format.

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)	NAME
1.b. Given Name (First Name)	NAME

1.c. Middle Name

FIG. 2. Multiple Name

2. A-Number (if any) ► A-

3.a. Page Number 3.b. Post Number 3.c. Item Number

3.d. CRM Authorization

Full Time/Part Time-SEVIS ID

Company Name

Dates and De-

Masters)

1

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.
