



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

For parts of form that do not apply to you, leave blank or write "N/A" for "Not Applicable"

Make sure to use I-765 directly from USCIS website, and to confirm the edition date of the form, listed in the bottom left hand corner:

<https://www.uscis.gov/i-765>



# Application For Employment Authorization

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

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 07/31/2022

Leave top portion blank

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

<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>	<input type="checkbox"/> Select this box if Form G-28 is attached.	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. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

## 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.)

Reason for Applying: Check box 1a for standard post-completion OPT, or 1c for STEM extension OPT

## 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)	N/A
3.b. Given Name (First Name)	N/A
3.c. Middle Name	N/A
4.a. Family Name (Last Name)	N/A
4.b. Given Name (First Name)	N/A
4.c. Middle Name	N/A

Only use this section if you have used another name for official purposes in the U.S.

For all fields on form that do not apply to you, fill N/A or leave blank

## Part 2. Information About You

### Your Full Legal Name

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

Fill out full legal name as it appears on your passport



Check that edition date of the form that you are using is current: <https://www.uscis.gov/i-765>

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

**Your U.S. Mailing Address** *(USPS ZIP Code Lookup)*

This is the address to which your EAD card will be mailed. If you would like to use the CISS address to receive your mail, use this template address. Otherwise, fill out the U.S. address at which you would like to receive your mail. "In Care Of" is in case you do not live at the residence and need to list another person's name. Answer question 6 as "yes" if you live at the residence at which you will receive your mail.

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

5.b. Street Number and Name

5.c.  Apt.  Ste.  Flr.

5.d. City or Town

5.e. State  5.f. ZIP Code

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**

Fill this section out with the U.S. address where you reside. If you already filled out above with same address, leave blank or put "N/A" in these fields

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**

Questions 8 & 9 can be left blank

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

9. USCIS Online Account Number (if any)  
 ▶

Fill out appropriate field

10. Gender  Male  Female

Fill out appropriate field.

11. Marital Status  
 Single  Married  Divorced  Widowed

If you have applied for OPT before, put "yes," otherwise, list "no"

12. Have you previously filed Form I-765?  
 Yes  No

If you have an SSN already, answer "yes," otherwise answer "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.

Fill out if you have SSN

13.b. Provide your Social Security number (SSN) (if known)  
 ▶

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

Answer "yes" to have a SSN processed alongside your EAD card. Don't fill this section out if you already have one

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

Answer "yes" if you need a SSN. Leave blank otherwise

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)

Answer if requesting SSN. Leave blank or put N/A if you already have SSN

**Mother's Name**

Provide your mother's birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

Answer if requesting SSN. Leave blank or put N/A if you already have SSN

**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

18.b. Country

List country of citizenship. If you have multiple citizenships, list in 18b. Otherwise, leave 18b blank or put N/A



**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

Fill out according to passport

19.b. State/Province of Birth

19.c. Country of Birth

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

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

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

Fill out based on number from I-94 print out: <https://i94.cbp.dhs.gov/I94/>

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

Fill out according to passport. Leave 21c blank or list N/A if using passport information

21.c. Travel Document Number (if any)

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

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

List date listed on most recent I-94: <https://i94.cbp.dhs.gov/I94/>

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

List airport code or name, or land border entry where you cleared immigration inspection at last entry to US

23. Place of Your Last Arrival Into the United States

List F-1 student unless you entered in a different status and changed your status after arriving

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

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

List F-1 student

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

List SEVIS ID as it appears on I-20

**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)).

Standard 12 month OPT applicants: C3B

STEM OPT applicants: C3C

Note: All students must apply for standard OPT before applying for STEM extension. Use C3B even if STEM eligible.

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

C3C STEM Applicants Only: Put degree name + CIP code as appears on I-20 (Example -- M.S. Business Statistics 52.1302). Standard OPT leave blank or put N/A

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

C3C STEM Applicants Only: Ask employer for company name as listed in E-verify system. Standard OPT applicants leave blank or N/A

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.

C3C STEM Applicants Only: Put 4-7 E-verify number of STEM Employer (not EIN). Standard OPT applicants leave blank or N/A

30. (c)(8) Eligibility Category If you entered the eligibility category (c)(8) in Item Number 27., provide the information requested in Item Numbers 30.a. - 30.g.

30.a. Have you EVER been arrested for, and/or charged with, and/or convicted of any crime in any country?

Yes  No

NOTE: If you answered "Yes" to Item Number 30.a., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) of the Form I-765 Instructions for information about providing court dispositions.

Leave these blank since this does not apply to students

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you MUST provide evidence of your lawful entry.)

Yes  No

30.c. If you answered "No" to Item Number 30.b., did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry AND express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country?

Yes  No

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

If you answered "Yes" to Item Number 30.c., provide the following information:

30.d. Date you presented yourself to DHS

Leave this blank or N/A since this does not apply to students

30.e. Location where you presented yourself to DHS

30.f. Country of claimed persecution

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

**NOTE:** Refer to the Special Filing Instructions for Those With Pending Asylum Applications: (c)(8) section of the Form I-765 Instructions for more information.

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.

Leave this blank or N/A since this does not apply to students

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.

Check box 1a

*Applicant's Contact Information*

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 6.  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Fill out contact information

*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.



**Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)**

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)

**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.  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)

Read before signing

Sign (preferably with blue ink) within box, and list date of signature

Leave blank or N/A

Leave blank or N/A

Leave blank or N/A



Leave page blank or N/A unless your attorney or employer is helping you fill out application (this is not needed nor recommended)

**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)

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

See above

See above

See above

See above



This page is to list any additional information that would not fit on the form, to list periods of OPT or CPT, or to list previous SEVIS IDs

Fill out 1a - 1c and then:

Page #2, Part #2, Item #12 for any previous/current periods of OPT

Page #3, part #2, item #26 for any previous SEVIS IDs

Page #3, part #2, item #27 for previous or current CPT

For any other fields you want to clarify or add information: refer to page #, part #, and item# that needs clarifying

**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)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d. OPT Authorization - Post/Pre Completion, Degree Level

Dates of OPT Authorization

YSC # as listed on EAD Card

SEVIS # associated with OPT authorization

Any relevant employer information + dates + part time/full time

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

4.d. Previous SEVIS ID # (N.....)

Degree/ Institution

Dates

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

5.d. CPT Authorization Part Time/ Full Time

Company Name & Dates

Degree Level & SEVIS ID

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.

Sample CPT Entry

Sample OPT entry

Sample Previous SEVIS ID entry

