



International Education Center

Sample Form I-765 and Instructions

A Guide for Students Applying for 12-month OPT

Typed or NEATLY written in
standard black ink

No white-out, scratch-outs, or stains

Review for errors before submitting

Don't forget to include signed original

Do not E-file your Form I-765 - if you
do it will delay your OPT application

Use an mailing address in Part 2 that
will be valid for at least four months



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- <input type="text"/>		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<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.

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)
- 1.b. Given Name (First Name)
- 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

Check 1.a. for standard 12-month OPT

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

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)

Part 2. Information About You (continued)

Your U.S. Mailing Address

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
(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)

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).

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

18.b. Country

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

Answer if you answered "yes" to previous question

If you don't have an SSN, answer "yes" to request with EAD card

Only answer if requesting SSN

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

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 1 2

21.b. Passport Number of Your Most Recently Issued Passport
PS1234567

21.c. Travel Document Number (if any)
[Blank]

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.e.

28.a. Degree [Blank]

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

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

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.
▶ [Blank]

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.
▶ [Blank]

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.

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"

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

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

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 _____, 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
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
➔ _____
- 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)

Check box 1a. If you have a legal representative preparing this for you, answer question 2 accordingly. Otherwise, leave 1b and 2 blank

Include your U.S. contact information

SIGN IN BLACK INK, and DATE
Signature should be within box

Leave blank

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)

ONLY COMPLETE THIS PAGE IF SOMEONE IS HELPING YOU PREPARE YOUR APPLICATION

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 must complete Form S-20, 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 on the request of the applicant. The applicant has 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)

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

COMPLETE THIS PAGE IF YOU HAVE DONE OPT OR CPT IN THE PAST, or to provide additional information for previous questions if there was not enough space provided. IF YOU HAVE NOT DONE CPT OR OPT, or do not need additional space, cross off section and WRITE "N/A".

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. Current SEVIS ID N01234567899
 Bachelor's:
 No CPT
 Post OPT 01/02/2015 - 01/01/2016
 Master's:
 Part-time CPT: 05/01.2016 - 08/01/2016
 (see attached copies of I-20s and EAD card)

list any previously authorized CPT or OPT and the academic level at which it was authorized

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

4.d. Previous SEVIS ID: N12345678912
 High School: No CPT or OPT

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

5.d.

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.