

**FOLLOW THIS SAMPLE TO COMPLETE YOUR
I-765 PRE- and POST- COMPLETION OPT APPLICATIONS.**

This is **ONLY** a guide. Complete **ALL** fields unless guide instructs to leave blank.
Complete this form by form fillable PDF or combination typed with handwritten in
BLACK ink. Then, sign in **BLUE** ink.



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

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		

Leave this section blank

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)
--	--	--

▶ **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.

Check the box: "Initial permission to accept employment."

1. Reason for Applying

Reason for 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 maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6 Additional Information.

Provide all other names you have ever used, including aliases, maiden names, and nicknames.

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	

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	

Write your name as it appears on your passport.

Leave blank if you do not have a middle name.

NOTE: Only use the most recent/updated I-765 form.

NOTE: This should be an address that is valid 5 months after USCIS receives your application. If you will change addresses within the next 5 months, you are advised to list the address of a trusted friend or family member.

You CANNOT use OIE's Address.

Check YES if you want to apply for an SSN through this application and have NEVER been issued an SSN.

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

Only fill in 5.a. with friend or family members name if you are using their address.

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

6.a. Street Number and Name

6.b. Apt. Ste. Flr.

6.c. City or Town

6.d. State 6.e. ZIP Code

Check NO if you are not currently living at the address listed in 5.b.-5.f.

Only fill out this section if you checked NO for question 6.

If you have an A-Number, enter that here. If not, or if you lost it, leave this blank.

Other Information

8. Alien Registration Number (A-Number)

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).

Only answer if you checked YES on 13.a.

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)

Only answer these questions if you checked YES to 14.

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 Enter Country of Passport
18.b. Country

Leave blank- unless- you hold two passports.



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

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)

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

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) **MUST be valid**

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

23. Place of Your Last Arrival Into the United States
 ***Can be full city name or the abbreviation**

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)
 F-1 Student

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

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)).
 () () ()

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

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., 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.

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

Write I-94 number, found [here](#).

Leave blank

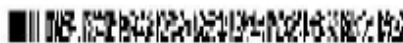
22 & 23: Refer to I-94 Record

*F-1 Student
*This could be different if you changed your status inside the U.S.

Found on I-20

Note: U.S. POE outside U.S. is allowed. This is where you entered through immigration.

Leave blank: This section is not applicable for pre- or post- OPT.



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

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.

▶

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 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 option that applies to you

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.

NOT an Andrew Email Address

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 **HANDWRITTEN signature in blue ink**

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)

ONLY complete Part 4, Part 5, and Part 6 if they apply to you. If they do not apply, leave blank!

ALL 7 pages must be included in your application, even if some are blank!

ONLY complete Part 4, Part 5, and Part 6 if they apply to you. If they do not apply, leave blank!

You MUST still include this page in your application!

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)



**Complete this page if you have ever had CPT, OPT, or a previous SEVIS ID Number.
Below is an example, make sure you enter your personal information!**

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. **CPT Authorization(s):**
Masters, Full-Time, CPT with:
Sparksoft: 5/25/2020 to 8/26/2020
Masters, Part-Time, CPT with:
TechWorld: 5/25/2020– 8/26/2020

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

4.d. **OPT Authorization(s):**
Bachelors Post-Completion OPT
5/25/2014-5/24/2015
Masters, Part-Time, Pre-Completion OPT
8/27/2019-12/18/2019

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

5.d. **Previous SEVIS ID Number(s):**
Bachelors 8/30/2010 to 5/20/2014
N0000012345

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.

