

Completing the Form I-765

Post Completion OPT Applicants

SAMPLE PAGE 1



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	☐ Authorization/Extension Valid From _____	Fee Stamp	Action Block
	☐ Authorization/Extension Valid Through _____		
	Alien Registration Number A- _____		
	Remarks _____		

You must check **ONLY ONE** of these boxes. Choose **"Initial permission to accept employment"** when applying for regular post-completion OPT.

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)
- 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

Enter your name as it appears on your I-20 and passport.

Part 2. Information**Your U.S. Mailing Address**

- 5.a. In Care Of Name (if any)
SIUE Office of Int'l Affairs
- 5.b. Street Number and Name
Campus Box 1616
- 5.c. ☐ Apt. ☐ Ste. ☐ Flr.
- 5.d. City or Town
Edwardsville
- 5.e. State ☐ IL ☐ 5.f. ZIP Code 62026

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
123 MAIN ST
- 7.b. ☒ Apt. ☐ Ste. ☐ Flr. 2A
- 7.c. City or Town
TROY
- 7.d. State ☐ IL ☐ 7.e. ZIP Code 62294

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.

Check **YES** if you would like to apply for a social security number without visiting a Social Security office. Also check **YES** to #15 and complete #16 & #17.

If you already have a social security number, check **NO** to #14 and skip to #18.

- 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

Use black ink to write your physical address if you checked **NO** to question #6.

If you checked **YES** to question #6, skip #7 and go to question #10.

Mother's Name

Provide your mother's birth name.

- 17.a. Family Name (Last Name)
- 17.b. Given Name (First Name)

Type the name of your home country in #18a.

#18b should only be used if you are a citizen of multiple countries.

Your Country or Countries 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

Denmark

- 18.b. Country

If you already have a social security number, check **YES** & enter your social security number in #13b and then check **NO** to answer #14.

If you do NOT have a social security number, check **NO**.

Skip #8 & #9

If this is your first time applying for OPT, check **NO**.

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

Copenhagen

19.b. State/Province of Birth

19.c. Country of Birth

Denmark

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

03/17/1991

Information About Your Last Arrival in the United States

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

0 9 8 7 6 5 4 3 2 1 0

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

K789654

21.c. Travel Document Number (if any)

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

Denmark

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

05/17/2025

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

08/11/2014

23. Place of Your Last Arrival Into the United States

Chicago

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-000192837

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File For 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.**

Enter your most recent electronic I-94 number that is available online at <https://i94.cbp.dhs.gov/>; please follow the onscreen instructions for printing your I-94 information.

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

Use the date on your **most recent** I-94 printout.

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 any crime?

☐ Yes ☐ No

Your SEVIS number is located at the top of your I-20 and starts with N00.

The eligibility category for OPT is (c) (3) (B)

Skip #28 through #31

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
3141234567
4. Applicant's Mobile Telephone Number (if any)
3141234567
5. Applicant's Email Address (if any)
dkander317@email.com
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
Danielle Anderson
- 7.b. Date of Signature (mm/dd/yyyy) 07/05/2018

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 to indicate that you read this application yourself.

Provide an email address that you check often.

You must sign your application. An electronic or typewritten name in place of a signature is not acceptable. Your signature must fit in the box.

F-1 students will not need to complete pages 5 and 6 of the application.

Leave page 7 blank unless you need extra space to provide any additional information with your application.