


Form I-765 Instructions

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 07/31/2022
For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid Through _____	Fee Stamp Action Block
	Alien Registration Number A- <input style="width: 100px;" 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.

Reminder: Answer all questions full and accurately. If a question does not apply to you, please type or print "NA" or "None" unless otherwise directed. Please refer to USCIS I-765 instructions for further guidance.

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

▶ **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.)

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 About You

Your Full Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name



Write the address as shown in the sample if you would like your card mailed to the International Affairs Office.

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.

Part 2. Informa

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 IL 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
 77 WIZARD LANE

7.b. Apt. Ste. Flr. 7H

7.c. City or Town
 MARYVILLE

7.d. State IL IL 7.e. ZIP Code 62062

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).
 [] 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

NOTE: If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

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 Country of Nationality

List all countries where you are a citizen. If you need extra space to provide information, see Part 6. Additional Information.

18.a. Country
 United Kingdom

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

Godric's Hollow

19.b. State/Province of Birth

19.c. Country of Birth

United Kingdom

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

07/31/1980

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

876543210

21.c. Travel Document Number (if any)

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

United Kingdom

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

5/17/2025

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

8/15/2019

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-000123456

Information About Your Eligibility

27. Eligibility Category. Refer to the W-1 I-765 section of the Form I-765 Instructions for the appropriate eligibility category for your status. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(c)(3)(B)

The eligibility category for OPT is (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

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.

number of your H-1B spouse's most recent 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.c.

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

arrested for, and/or charged with a crime in any country?

Yes No

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

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

Number 30.b., did you have an intention to seek asylum or express a fear of persecution in your home country?

Yes No

SKIP:

#28a

#28b

#28c

#29

#30a

#30b

#30c



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

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.**

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.....
.....
.....

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.

1.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 parent's Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker.

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.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

6181234567

4. Applicant's Mobile Telephone Number (if any)

6181234567

5. Applicant's Email Address (if any)

hpotter@hogwarts.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.

Check box #1a to indicate that you read this application yourself.

SKIP:

#30d

#30e

#30f

#30g

#31a

#31b

Provide an email address that you check often.



<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued) </div> <p>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:</p> <ol style="list-style-type: none"> 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. <p>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 understood all of the information contained in, and submitted with, my application and that all of this information is complete, correct.</p> <p>Applicant's Signature</p> <p>7.a. Applicant's Signature </p> <p>7.b. Date of Signature (mm/dd/yyyy) <input style="width: 80px;" type="text" value="09/15/2020"/></p> <p>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.</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Part 4. Interpreter's Contact Information, Certification, and Signature </div> <p>Interpreter's Mailing Address</p> <p>3.a. Street Number and Name <input style="width: 100%;" type="text"/></p> <p>3.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. <input style="width: 50%;" type="text"/></p> <p>3.c. City or Town <input style="width: 100%;" type="text"/></p> <p>3.d. State <input style="width: 30px;" type="text"/> 3.e. ZIP Code <input style="width: 50%;" type="text"/></p> <p>3.f. Province <input style="width: 100%;" type="text"/></p> <p>Interpreter's Contact Information</p> <p>Telephone Number <input style="width: 100%;" type="text"/></p> <p>5. Interpreter's Mobile Telephone Number (if any) <input style="width: 100%;" type="text"/></p> <p>6. Interpreter's Email Address (if any) <input style="width: 100%;" type="text"/></p>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Part 4. Interpreter's Contact Information, Certification, and Signature </div> <p>Provide the following information about the interpreter.</p> <p>Interpreter's Full Name</p> <p>1.a. Interpreter's Family Name (Last Name) <input style="width: 100%;" type="text"/></p> <p>1.b. Interpreter's Given Name (First Name) <input style="width: 100%;" type="text"/></p> <p>2. Interpreter's Business or Organization Name (if any) <input style="width: 100%;" type="text"/></p>	<p>Interpreter's Certification</p> <p>I certify, under penalty of perjury, that:</p> <p>I am fluent in English and <input style="width: 100%;" type="text"/>, 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.</p> <p>Interpreter's Signature</p> <p>7.a. Interpreter's Signature <input style="width: 100%;" type="text"/></p> <p>7.b. Date of Signature (mm/dd/yyyy) <input style="width: 80px;" type="text"/></p>

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 do not need to complete Part 4 & Part 5 of the application.

Leave Part 6 (page 7) blank unless you need extra space to provide any additional information with your application.

Part 6: Additional Information (page 7)

Instructions

You are required to complete Part 6 if any the following situations apply to you:

- A. You have been approved for **CPT** in the past.
- B. You have been approved for **OPT** in the past.
- C. You have used a **different SEVIS ID** in F-1 status in the U.S. Your SEVIS ID is found on the top right corner of your I-20 and starts with an "N".

EXAMPLE: *If you attended school for a while, left the US to take a break from school, and returned with a new I-20., you would have a SEVIS ID from your first period of attendance that is different than your current SEVIS ID.*

- D. You did **not have enough room** to sufficiently write your answer for any items in Parts 1-5.

Item 1: If one or more of the above situations apply to you, complete Part 6, Item 1.a, 1.b, and 1.c.

Item 2: Do not write anything in this box.

Items 3-7: For each of the situations listed in the above box (CPT, OPT, different SEVIS ID numbers, insufficient room), complete one box in Part 6, starting with **3.a.**

CPT Approval in the Past

If you were authorized for CPT, follow these instructions for sections a, b, and c:

- a. Page Number: 3
- b. Part Number: 2
- c. Item Number: 27

In section d, use the following format to list your CPT approval(s)*:

- Line 1: Name of the employer
- Line 2: Start and end dates of CPT
- Line 3: Part-time or Full-time
- Line 4: Degree level
(Associate's, Bachelor's, Master's, or Doctorate)

**These details can be found on your CPT I-20.*

3.a. Page Number	3.b. Part Number	3.c. Item Number
3	2	27

3.d. CPT Authorization:

Amazon

06/04/2018 - 08/03/2018

Part-time

Bachelor's

OPT Approval in the Past

If you were authorized for OPT, follow these instructions for sections a, b, and c:

- a. Page Number: 3
- b. Part Number: 2
- c. Item Number: 27

In section d, use the following format to list your OPT approval(s)*:

Line 1: Start and end dates of OPT
 Line 2: Degree level
 (Associate's, Bachelor's, Master's, or Doctorate)

**Be sure to include a copy of any previously issued EAD cards.*

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

3	2	27
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4.d. OPT Authorization:

09/11/2017 - 09/10/2018
Master's

Different SEVIS ID

If you had a different SEVIS ID, follow these instructions for a, b, and c:

- a. Page Number: 3
- b. Part Number: 2
- c. Item Number: 26

In section d, use the following format to list other SEVIS IDs you have used in the past:

Line 1: SEVIS ID: N00...
 Line 2: Program start and end dates
 Line 3: Degree level
 (Associate's, Bachelor's, Master's, or Doctorate)

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

3	2	26
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5.d. Previous SEVIS ID:

N000012345
08/15/2011 - 08/31/2015
Bachelor's

Not Enough Room

Make sure to use the accurate locator (page, part, and item), if you are using Part 6 to supply additional information that did not fit in the appropriate section(s) in Parts 1-5.

EXAMPLE: *If your family name does not fit in the box provided on Page 1, Part 2, Item 1.a. you would complete the box as follows (in addition to writing your full, legal, family name in box d.)*

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

1	2	1a
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