



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- <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.** 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.)

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

Make sure that you use the current version downloaded from the [USCIS website](#) and confirm the correct edition date found on the bottom left of the page. This information is found on the USCIS website.

Type in black ink or when typing isn't an option use black ink. Answer all questions fully and accurately. If a question does not apply to you enter N/A, NA or None unless otherwise directed. Please refer to USCIS I-765 instructions for further guidance.

1a. Check the box "initial" permission to accept employment for Post-Completion OPT.

#1a-c Enter your name as it appears on your I-20 and Passport.

#2a-4c Enter N/A unless you have used any other names.



Part 2. Information About You (continued)

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. N/A
- 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
77 Wizard Lane
- 7.b. Apt. Ste. Flr. 7C
- 7.c. City or Town
Maryville
- 7.d. State IL 7.e. ZIP Code 62062

Other Information

8. Alien Registration Number (A-Number) (if any)
A- NONE
9. USCIS Online Account Number (if any)
NONE
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.

Father's Name

Provide your father's birth name.

- 16.a. Family Name (Last Name) N/A
- 16.b. Given Name (First Name) N/A

Mother's Name

Provide your mother's birth name.

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

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
United Kingdom
- 18.b. Country
N/A

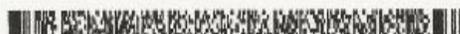
Your Mailing Address #5a-e.
Type the Address as shown in the sample if you would like your receipt/card mailed to the OIA.

U.S. Physical Address #7a-d
If you checked "NO" in question #6, enter your current physical address.
If you checked "Yes" to question #6. Enter N/A on 7a-d and go to question #10.

#8 Leave blank unless you were issued an EAD card previously.
#9 You will only have this number if you previously filed an application using the USCIS online filing system. If you did not, which is the case for most students, then enter "None"

#13a-b if you already have a social security number, check "Yes" & enter your social security number in #13b then check "NO" to answer #14. Leave #15 blank, enter N/A #16a-#17b.
13a Check "Yes" if you would like to apply for a social security number without visiting a Social Security Office. 13b leave blank. Also check "YES" to #14 & #15 and complete #16 & #17.

#18a Type the name of your home country.
#18b should only be used if you are a citizen of multiple countries.



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
N/A

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
87653210

21.c. Travel Document Number (if any)
N/A

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

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) 08/15/2019

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 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)).
(a) (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 N/A

28.b. Employer's Name as Listed in E-Verify
N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
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 I-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.
▶ None

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

#19b Enter your State/Province of Birth if you have one, otherwise enter N/A.

#21a Use your I-94 number, which can be found here: www.cbp.gov/i94, print the I-94 for your OPT application.

#21c If you used a travel document (not a passport) to travel to the U.S., enter the travel document number here. If you entered on a passport enter N/A.

#22 Enter the last date you entered the U.S. shown on your most recent I-94 printout.

#26 Enter your SEVIS number found on the top of your I-20 and starts with N00.

#28a-c Enter N/A
#29 Enter None
#30-c Leave Blank



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

N/A

30.e. Location where you presented yourself to DHS

N/A

30.f. Country of claimed persecution

N/A

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.

N/A

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.

None

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 N/A, a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in Part 5., N/A, 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.

#30d-31a Type N/A or None as shown in the sample. 31b Leave blank.

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

#1b-2 Type N/A

#3 & # 4 Enter your cell phone number.

#5 Enter your personal email address that you check often.



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

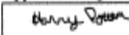
I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 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)

#7a You must sign your application in **black ink** and it must fit inside the box.
#7b Enter your application date

Part 4 1a-7b Enter N/A as shown on the sample.



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)
N/A
- 1.b. Preparer's Given Name (First Name)
N/A
- 2. Preparer's Business or Organization Name (if any)
N/A

Preparer's Mailing Address

- 3.a. Street Number and Name
N/A
- 3.b. Apt. Ste. Flr. N/A
- 3.c. City or Town
N/A
- 3.d. State N/A 3.e. ZIP Code N/A
- 3.f. Province
N/A
- 3.g. Postal Code
N/A
- 3.h. Country
N/A

Preparer's Contact Information

- 4. Preparer's Daytime Telephone Number
N/A
- 5. Preparer's Mobile Telephone Number (if any)
N/A
- 6. Preparer's Email Address (if any)
N/A

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

Part 5 #1a-8b
Enter N/A as shown on the sample.



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.e. Item Number
3 2 27

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

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