Optional Practical Training (STEM-OPT)

Instructions for Form I-765

2020

Specific Instructions for Form I-765

Something you need to know first:

https://www.uscis.gov/i-765

Go to Forms > Select I-765, Application for Employment Authorization > Select Form I-765.
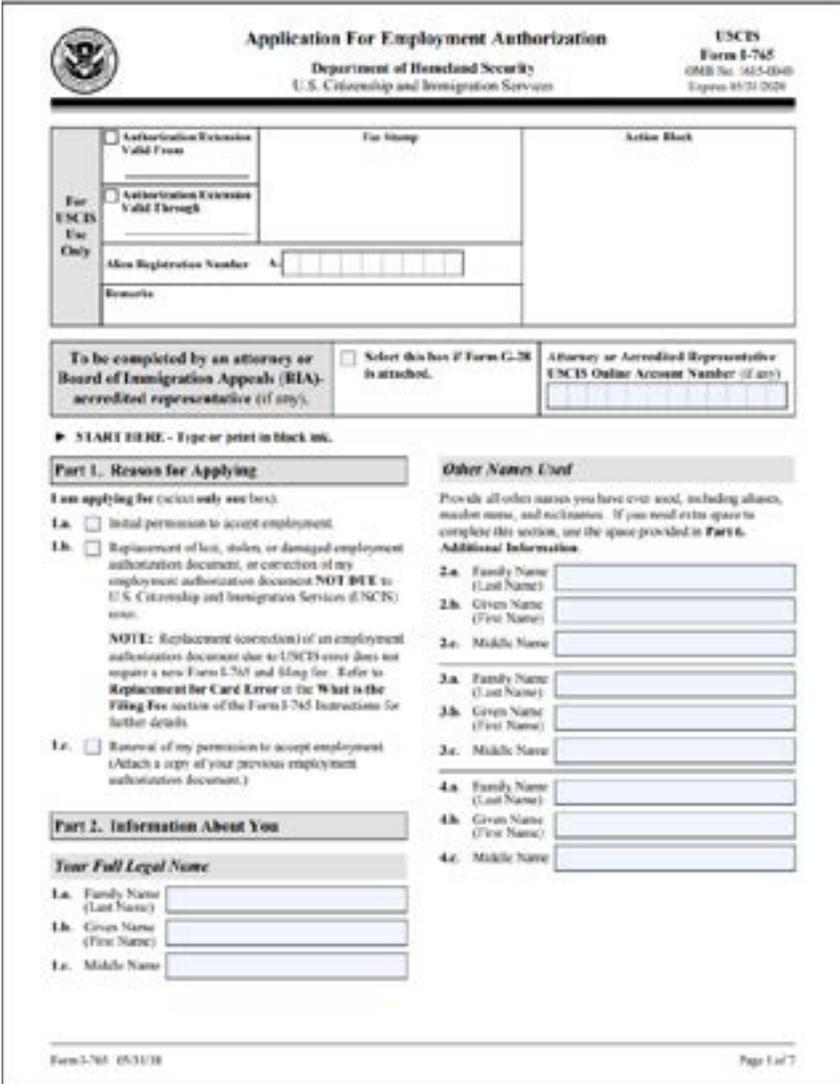
This is a seven-page form, so be sure to print out <u>all</u> the pages.

You can complete this form by typing your answers to the fillable PDF or printing neatly. We highly recommend typing your answers on this form as a number of students have received their EAD with an incorrect name, which then takes around 1-2 months to fix with USCIS.

Certification

* Applicant's Signature: Please make sure your signature is in ink and fits inside of the box provided to you. If it exceeds the box space, you may have some problems if you apply for a Driver's License.
* If you complete the form yourself, please do not fill out the 'Signature of Person Preparing Form, If Other Than Applicant' section.

Form I-765

2

How To Fill Out Form I-765

1. Type or print legibly in black ink.

2. If you need extra space to complete any item within this application, use the space provided in Part 6. Additional Information or attach a separate sheet of paper. Indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

3. 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.

Specific Instructions

▶ **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 1. Reason for Applying.

You must select one **Item Number** that best describes your reason for applying:

Item Number 1.a. Inital permission to accept employment.

Item Number 1.b. Replacement of a lost, stolen, or damaged EAD, or correction of your EAD not due to 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 these Instructions for further details.

Item Number 1.c. Renewal of your permission to accept employment. If you select Item Number 1.c., attach a copy of your previous EAD.

Most students should be checking box 1.a

3

Part 2. Information About You

Item Numbers 1.a. – 1.c. Your Full Legal Name.
Provide your full legal name as shown on your passport, if you're unsure look at the Machine Readable Zone (MRZ), in the spaces provided.

Item Numbers 2.a. – 4.c. Other Names Used.
Provide all other names you have ever used, including aliases, maiden name, and nicknames. Write "N/A" on all boxes if you haven't used another name.

Machine Readable Zone (MRZ)

Part 2. Information About You

Your Full Legal Name

1.a.	Family Name (Last Name)	Park
1.b.	Given Name (First Name)	Smith
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	

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: 110 Main Street

5.c. ☑ Apt. ☐ Ste. ☐ Flr. 5

5.d. City or Town: New York

5.e. State: NY   5.f. ZIP Code: 10001
(USPS ZIP Code Lookup)

Item Numbers 5.a. – 5.f. Your U.S. Mailing Address.
Enter your mailing address. This must be a US address and it should be valid until your OPT application is approved. If you believe you will change addresses within the next three months we recommend you instead list the address of a trusted friend or family member. If you choose to enter your friend's or family member's address, you must also include an "in care of" name for item 5.a. You may list a US Post Office address (PO Box) if you have one.

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 ___

Item Numbers 6. – 7.e. U.S. Physical Address. Type or print your physical address in the spaces provided. If it is different than your U.S. Mailing Address.

Other Information

8. Alien Registration Number (A-Number) (if any)

► A- ___

Item Number 8. Alien Registration Number (A-Number) (if any). An Alien Registration Number, otherwise known as an "A-Number," is typically issued to people who apply for, or are granted, certain immigration benefits. In addition to USCIS; ICE, U.S. Customs and Border Protection (CBP), EOIR, and the DOS may also issue an A-Number to certain foreign nationals. If you were issued an A-Number, type or print it in the spaces provided. If you are renewing your EAD, this number may be listed as the USCIS Number on the front of the card. If you have more than one A-Number, use the space provided in Part 6.

Additional Information to provide the information. If you do not have an A-Number or if you cannot remember it, leave this space blank.

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

Item Number 9. USCIS Online Account Number (if any). If you have previously filed an application or petition using the USCIS online filing system (previously called USCIS Electronic Immigration System (USCIS ELIS)), provide the USCIS Online Account Number you were issued by the system. You can find your USCIS Online Account Number by logging in to your account and going to the profile page. If you previously filed certain applications or petitions on a paper form through a USCIS Lockbox facility, you may have received a USCIS Online Account

Access Notice issuing you a USCIS Online Account Number. You may find your USCIS Online Account Number at the top of the notice. The USCIS Online Account Number is not the same as an A-Number. If you were issued a USCIS Online Account Number, enter it in the space provided.

Item Number 10. Gender. Select the box that indicates whether you are male or female according to your passport.

Item Number 11. Marital Status. Select the box that describes the marital status you have on the date you file Form I-765.

Item Numbers 12. Previous Application for Employment Authorization from USCIS. If you have applied for employment authorization in the past, select "Yes" for Item Number 12. Provide copies of your previous EADs, if available.

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) [_____]

Item Numbers 13.a. – 17.b. Questions regarding Social Security Number (SSN). **Item Number 13.a.** If you have ever received a Social Security card previously you must check "Yes," if not, check "No". **Item Number 13.b.** Only answer this question if you have a Social Security Number and checked "Yes" for **item 13a.** If your request for employment authorization is approved, the SSA may assign you an SSN and issue you a Social Security card, or issue you a replacement card. If you want the SSA to assign you a Social Security number and issue you a Social Security card, or issue you a new or replacement Social Security card, then answer "Yes" to both **Item Number 14.** and **Item Number 15.** You must also provide your father's and mother's family and given names at birth in **Item Numbers 16.a.-17.b.** SSA will use Item Numbers 16.a. –17.b. in issuing you a Social Security card. You are not required to request an SSN using this application. Completing **Item Numbers 14.–17.b.** is optional.

However, you must have an SSN properly assigned in your name to work in the United States.

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

Republic of Korea

18.b. Country

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)

Item Number 18.a. – 18.b. Type or print the name of the country or countries where you are currently a citizen or national. If you are a citizen or national of more than one country, type or print the name of the foreign country that issued your last passport.

Item Numbers 19.a. – 19.c. Place of Birth. Enter the name of the city, town, or village; state or province; and country where you were born. Type or print the name of the country as it was named when you were born, even if the country's name has changed or the country no longer exists.

Item Number 20. Date of Birth. Enter your date of birth in **mm/dd/yyyy** format in the space provided. For example, type or print October 5, 1967 as 10/05/1967.

Information About Your Last Arrival in the United States

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

▶ | 6 | 0 | 0 | 3 | 9 | 4 | 6 | 1 | 2 | 1 | 1 |

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)

Item Numbers 21.a. – 21.e. Form I-94 Arrival-Departure Record. When you entered the U.S. most recently, an Arrival Record was generated by CBP. Copy the number - letter sequence from the Admission Record Number line on your I-94 into 21a. The Form I-94 number also is known as the Departure Number on some versions of Form I-94.

U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number : ███████
Most Recent Date of Entry: 2018 January 16
Class of Admission : F1
Admit Until Date : D/S
Details provided on the I-94 Information form:

Last/Surname : ███████
First (Given) Name : Federico
Birth Date : ███████
Passport Number : ███████
Country of Issuance : Italy

[Get Travel History]

▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

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

08/07/2017

23. Place of Your Last Arrival Into the United States

New York, New York

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- 1234567890

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)(C)

Item Number 22. Enter the last date you entered the U.S. For most of you this should be the date stamped in your passport.

Item Number 23. Place of Your Last Arrival Into the United States. Provide the location where you last entered the United States.

Item Number 24. Immigration Status at Your Last Arrival. Provide the letter and number that correlates with your status when you last entered the United States. For example, if you last entered the United States as a temporary visitor for pleasure, B-2, type or print "B-2 visitor" in the space provided.

Item Number 25. Your Current Immigration Status or Category. Provide your current immigration status. For example, if your current status is student academic, F-1, type or print "F-1 student" in the space provided.

Item Number 26. Enter your SEVIS ID number as indicated on the top of your I-20.

Item Number 27. Eligibility Category. Refer to the list of the eligibility categories in the Who May File Form I-765 section of these Instructions. Find your eligibility category, and enter it in the space provided.

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   MS 11.1070

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

Top Job

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

1234567

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.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

Item Numbers 28. – 28.c. (c)(3)(C) STEM OPT Eligibility Category. If you entered eligibility category (c)(3)(C) **in Item Number 27.**, provide your degree level and major (for example, Bachelor's degree in English), your employer's name as listed in E-Verify, your employer's E-Verify Company Identification Number, or a valid E-Verify Client Company Identification Number in the spaces provided. If you are not applying for STEM OPT, leave these fields blank.

Item Numbers 29 and 31a. Leave Blank

Item Numbers 30 and 31b. Leave checkbox blank as it does not apply to OPT applications.

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

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

[   ]

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.

13

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)

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

Part 4 and Part 5
Part 4. Interpreter's Contact Information, Certification, and Signature
Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant.

Write "N/A" in all text boxes if you have completed the I-765 yourself. If someone else has completed your I-765 for you, you should indicate their contact information.

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)

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 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

Item Numbers 1.a. – 7.b. Select the appropriate box to indicate whether you read this application yourself or whether you had an interpreter assist you. If someone assisted you in completing the application, select the box indicating that you used a preparer. Further, you must sign and date your application and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every application MUST contain the signature of the applicant (or parent or legal guardian, if applicable). **A stamped or typewritten name in place of a signature is not acceptable.**

7.a. Applicant's Signature

15

Part 4. Interpreter's Contact Information, Certification, and Signature

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)

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 may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Signature

8.a. Preparer's Signature

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

DO NOT SIGN HERE

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	2	27

3.d.

	4.a. Page Number	4.b. Part Number	4.c. Item Number
	3	2	27

4.d.

	5.a. Page Number	5.b. Part Number	5.c. Item Number
	3	2	27

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.

Part 6. Additional Information

Complete this section only if:
- You have previously been approved for CPT and/or OPT.
- You have had a different SEVIS ID number while in F-1 status (for example, you attended school but left for a leave of absence, then returned to school with a new I-20).

Previous CPT and/or OPT

If you have previously been approved for CPT and/or OPT:
Items 3a-c, 4a-c, 5a-c, etc.:
Write Page 3, Part 2, Item 27.

Specific Instructions

Items 3d and 4d:
List out any of the previous CPT or OPT authorizations you have had. Use separate fields for each type of authorization (for example, list all previous CPT or previous OPT in separate boxes).

CPT: List all previous CPT approvals. We suggest this format: CPT Authorizations (as the title to this section); whether the authorization was part-time (20 hours or fewer per week) or full-time (more than 20 hours per week); your SEVIS ID number, employer name;
employment start date - employment end date; degree level. You can find all of your previous CPT details on the I-20 that was approved for each period of CPT. For example: CPT Authorization, Full-time, N0123456789, Top Job Inc., 06/01/2018 - 09/03/2018, Bachelor's

3.d. CPT Authorization

Full-time

N0123456789

Top Job Inc.

06/01/2018 - 09/03/2018, Bachelor's

4.d. OPT Authorization

Part-time

N0123456789

09/04/2018 - 12/20/2018, Bachelor's

5.d. Previous SEVIS ID number

N0012345678

09/05/2015 - 05/15/2017, Bachelor's

OPT: List all previous OPT approvals. We suggest this format: OPT Authorizations (as the title to this section); whether the authorization was part-time (20 hours or fewer per week) or full-time (more than 20 hours per week); your OPT approved start date - OPT approved end date; degree level. For example: OPT Authorization, Part-time, N0123456789, 09/04/2018 - 12/20/2018, Bachelor's.

Previous SEVIS ID
If you had a previous SEVIS ID number:

Items 3a-c, 4a-c, 5a-c, etc.:
Write Page 3, Part 2, Item 26.

Items 5d
List out any of the previous SEVIS ID numbers you have had. Use separate fields for each type of authorization (for example, list any previous SEVIS ID number in 5d).
List all other SEVIS ID numbers you have used in the past. We suggest this format: Previous SEVIS ID numbers (as the title for this section); your previous SEVIS ID number; program start and end dates for that previous SEVIS ID number; degree level. For example: Previous SEVIS ID number; N0012345678, 09/05/2015 - 05/15/2017, Bachelor's.