

Completing Form I-765 for OPT or STEM OPT Application

The instructions below are for F-1 visa holders who are filing Form I-765 for OPT or STEM OPT. Form I-765 and complete instructions for this form may be found from [USCIS](#). Complete all highlighted spaces that apply to you. (If you are completing Form I-765 to apply for a benefit other than OPT or STEM OPT through F-1 status, please refer to the I-765 instructions from USCIS, as your responses to this form may be different.)

Note: Do not date this form until you meet with the international student advisor to check your OPT application. The date on this form must be on or after the date your OPT or STEM OPT I-20 is issued.

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	<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).

☐ 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):

I.a. ☐ Initial permission to accept employment.

I.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.

I.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

Part 2. Information About You

Your Full Legal Name

I.a. Family Name
(Last Name)

I.b. Given Name
(First Name)

I.c. Middle Name

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Part 1

1.a. – c.: OPT applicants should check 1.a.; STEM OPT applicants should check 1.c. If you have had OPT or STEM OPT approved by USCIS already, but your EAD was lost or stolen and you are applying for a replacement EAD, check 1.b.



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 [\(USPS ZIP Code Lookup\)](#)

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

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).

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)

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

18.b. Country

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Part 2

5.a – 6: Provide the mailing address you want your EAD to be sent to. If you don't have a permanent address in the U.S., you can use the OISS address (for a small forwarding fee): C/O (care of) OISS, 2 E South St., K-163 Galesburg IL 61401. **7.a – d:** Add your physical address if different from mailing address.

8 & 9: Only complete if you have these numbers. OPT applicants likely will not; STEM OPT applicants may have these numbers.

Social Security Number (SSN): If you have had a SSN issued to you, check yes to 13.a, provide your SSN in 13.b, and skip to 18.a. If you haven't had a SSN issued, check no to 13.a, skip 13.b, and complete 14 – 17.



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)	
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	
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)	
26. Student and Exchange Visitor Information System (SEVIS) Number (if any)	N- <input type="text"/>
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)).	<input type="text"/> <input type="text"/> <input type="text"/>
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.	<input type="text"/>
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: If you answered "Yes" to Item Number 30., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) in the Required Documentation section of the Form I-765 Instructions for information about providing court dispositions.	
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.	<input type="text"/>
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 2

21.a: Find your I-94 number online through [CBP](#). If you entered by land most recently, you should have a paper I-94 in your passport.

23: Airport, port, or border crossing name. **24 & 25:** F-1 student.

26: Find your SEVIS Number on the top left of page 1 of your I-20.

27: OPT Applicants: (c)(3)(B); STEM OPT Applicants: (c)(3)(C)

28.a – 28.c.: STEM Applicants only must respond. 28.a.: List STEM major and CIP code (XX.XXXX) as notated on page 1 of your I-20 (Program of Study section).

All applicants: skip 29 – 31.b



<p>Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature</p> <p>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.</p> <p>Applicant's Statement</p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. <input type="checkbox"/> 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.</p> <p>1.b. <input type="checkbox"/> 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.</p> <p>2. <input type="checkbox"/> At my request, the preparer named in Part 5., _____ prepared this application for me based only upon information I provided or authorized.</p> <p>Applicant's Contact Information</p> <p>3. Applicant's Daytime Telephone Number _____</p> <p>4. Applicant's Mobile Telephone Number (if any) _____</p> <p>5. Applicant's Email Address (if any) _____</p> <p>6. <input type="checkbox"/> Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.</p>	<p>Applicant's Declaration and Certification</p> <p>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.</p> <p>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.</p> <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; and2) 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 understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.</p> <p>Applicant's Signature</p> <p>7.a. Applicant's Signature ➡ _____</p> <p>7.b. Date of Signature (mm/dd/yyyy) _____</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> <p>Part 4. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p>Interpreter's Full Name</p> <p>1.a. Interpreter's Family Name (Last Name) _____</p> <p>1.b. Interpreter's Given Name (First Name) _____</p> <p>2. Interpreter's Business or Organization Name (if any) _____</p>
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Part 3

1.a: Check this box.

3 – 5: Provide your contact information.

7.a & b: Sign your name. Add the date in 7.b. after a Knox College DSO has issued you a new I-20 with OPT recommendation. If the I-765 is dated prior to the issuance of the I-20 with OPT recommendation, USCIS will deny your OPT application. Your entire OPT application must reach USCIS within 30 days of the DSO I-20 issuance (or prior to the end of the 60-day grace period after the program end date on your I-20, whichever is sooner).

Parts 4 – 6

OPT and STEM OPT applicants can skip Parts 4 & 5. If you need additional space to respond to any information in Parts 1 – 3 of this form, you can provide that in Part 6.