



Form I-765 Guide

TIPS FOR COMPLETING THE “APPLICATION FOR EMPLOYMENT AUTHORIZATION (FORM I-765)”

1. Make sure to use **the current version of the Form I-765 found on the USCIS website**. Do not update or reuse a previously submitted I-765. USCIS will **reject** or deny prior editions of Form I-765 it receives.
2. To complete the form, type or print legibly in black ink.
3. Answer all questions fully and accurately. **If a question does not apply to you, type or print “N/A” for “Not Applicable” unless otherwise directed**. If your answer to a question which requires a numeric response is zero or none, type or print “None” unless otherwise directed.
4. Make sure to include all pages of the Form I-765 in your filing, even if the responses on those pages are not applicable to your situation. USCIS will deny or reject the application if it does not contain all pages.
5. If you need extra space to complete any item within this application or you have space issues on any section, use the space provided in **Part 6. Additional Information (Page 7)** or attach a separate sheet of paper.

***Please note that the Form I-765 Guide should not be considered legal advice. US Citizenship and Immigration Services (USCIS) ultimately provides the decision on your OPT application.*

HELPFUL RESOURCES

- U.S. Citizenship and Immigration Services – I-765, Application for Employment Authorization. You may find the following resources here: <https://www.uscis.gov/i-765>
 - Form I-765, current version
 - Instructions for Form I-765 (if you need further explanation to complete parts of this form)
 - I-765 Worksheet
 - Form G-1145 (E-Notification of Application/Petition Acceptance)



Form I-765 Guide

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 _____ Alien Registration Number A- _____ Remarks _____	Fee Stamp	Action Block
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) _____

Make sure you use the **current version** found on the [USCIS website](https://uscis.dhs.gov) and confirm the correct edition date found on the bottom left of the page. This information is all found on the [USCIS website](https://uscis.dhs.gov).

Leave **BLANK**

Part 1. Reason for Applying:

1.a. Check the box "Initial permission to accept employment" for **Pre & Post Completion OPT**

1.b. Check this box if you lost your EAD card and applying for a new cad. (****NOT DUE to USCIS error., If USCIS error, contact ISSS**)

1.c. Check this box if you are applying for **STEM OPT Extension.**

► **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 _____

Provide all other names you have ever used, including aliases, maiden name, and nicknames. **Enter "N/A" or "Not Applicable" in each box if not applicable.**

**** Note: Full Name**
If your full name does not fit in the box, write your full name on page 7 of the I-765 (Part 6. Additional Information). After a receipt number is received, an e-request at <https://egov.uscis.gov/e-request/Intro.do> can be submitted to ensure USCIS has the full name in their systems.

Part 2. Information About You:

1.a.-1.c. Enter your names exactly as they appear **on your Form I-20**

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name) **Duck**

1.b. Given Name (First Name) **Attila The**

1.c. Middle Name _____



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Your U.S. Mailing Address

This is the address where you will receive all correspondence from USCIS. Please be sure that this address is valid for **at least 4 months in the future**. You may list a U.S. Post Office address (PO Box) if that is how you receive your mail.

5.a. If you are using your own address, enter "N/A". If you use someone else's address, enter the person's name in item "In Care of Name".

U.S. Physical Address

If you check "Yes" in item 6, enter "N/A" in item 7.a. and leave blank in items 7.b-7.e.

If you check "No" in item 6, complete in items 7.a.-7.d.

8. If you were issued an EAD card, type or print it in this space. If you were issued more than one EAD card, enter A-Number (listed as the "USCIS #") listed on **the most recent EAD** card in item 8 and provide all other number(s) in Part 6 Additional Information. If you do not have an A-Number or if you cannot remember it, leave this space blank.

Part 2. Information About You (continued)

Your U.S. Mailing Address (USPS ZIP Code Lookup)

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

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

12. If you have ever applied for OPT previously, check "Yes", complete **Part 6 Additional Information** and provide copies of your previous EADs. If EADs unavailable, explain in Part 6. If you do not have an A-Number or if you cannot remember it, leave this space blank.

Social Security (#13.a and 13.b.)

Answer 'Yes' if you have been issued a Social Security Number (SSN), complete 13.b. and skip items 14-17.

OPTIONAL: SSN (#14 - #17)

If you do not have a SSN or need a replacement Social Security card and would like to be issued a SSN or replacement card (will arrive about 2-4 weeks after your EAD approval), answer 'Yes' to items 14 and 15. Complete the information in items 16.a.-17.b.

If you do not wish to be issued a SSN or a replacement Social Security card, answer 'No' to item

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 this is left blank.

Refer to [the USCIS I-765 Instructions](#) "Item Number 9" on page 21 for guidance.



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21.a. Form I-94 Number

Use your I-94 number, which can be found here:

www.cbp.gov/i94

21.c. If you used a travel document (not a passport) to travel to the United States, enter travel document number here. If you entered a passport number in 21.b., write "N/A"

22. Enter the last date you entered the U.S. It is usually the date stamped in your passport in your most recent entrance to the U.S.

23-25 Use your I-94 Information. You may also refer to your most recent I-94 stamp in your passport.

Enter your SEVIS ID number which can be found on the top left of your most recent Form I-20.

If you were issued more than one SEVIS number, enter other SEVIS number(s) in Part 6 Additional Information.

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

Kokshetau

19.b. State/Province of Birth

Akmola

19.c. Country of Birth

Kazakhstan

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

03/15/1990

Information About Your Last Arrival in the United States

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

▶ 1 2 3 4 5 6 7 8 9 1 0

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

987654321

21.c. Travel Document Number (if any)

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

Kazakhstan

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

01/01/2025

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

01/01/2020

23. Place of Your Last Arrival Into the United States

EWR Newark NJ

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- 0123456789

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)).

() () ()

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.

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

27. Eligibility Category
Pre-Completion OPT:
(c) (3) (A)
Post-Completion OPT:
(c) (3) (B)
24-Month STEM Extension:
(c) (3) (C)

**** Note: If you have previously approved for CPT, please list your CPT approvals in Part 6 Additional Information.**

28-28.c. (c)(3)(C)Eligibility Category ONLY: For STEM EXTENSION applicants only
28.a. Enter the degree for which you are requesting the STEM extension (Bachelor, Master, Doctorate, etc.)
28.b. Enter your employer's name as listed in E-Verify
28.c. Enter your employer's E-Verify Company Identification Number (usually 4-7 digits).
Please note that the E-Verify number is NOT the employer's EIN (9 digits) that was listed on the Form I-983.

Leave **BLANK**



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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 to DHS

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.

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.

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 _____
- 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

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.

Part 3. Applicant's Statement:

1.a. Select the box applicable to your situation. If you check 1.a., enter "N/A" in the text boxes for items 1.b. and 2.

Provide your daytime telephone number, mobile number (if not already your daytime telephone number), and email address. Your email address can be your Stevens email address or a personal email address you use.

Leave **BLANK**

Leave **BLANK**



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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)

Make sure to **sign here in blue or black ink within the box** since USCIS will scan your signature for your EAD.

E-signatures or typewritten names are not acceptable, and applications can be rejected or denied if an e-signature or typewritten name is provided.

NOTE: USCIS will reject your application if there is no signature at all!

Page #5: Part 4. Interpreter's Contact Information, Certification, and Signature

****NOTE:** Enter "N/A" or "Not Applicable" in each box if you have completed the Form I-765 yourself.



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Page #6: Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

****NOTE:** Enter "N/A" or "Not Applicable" in each box if you have completed the Form I-765 yourself.

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)

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

Make sure to include this page, page 6, and page 7 (explained on next page), even if these pages are not applicable to your situation.



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Part 6. Additional Information

Please complete Part 6, if applicable,

1. All Previous Optional Practical Training (OPT) Approvals
2. All Previous SEVIS ID(s)
3. All Previous Curricular Practical Training (CPT) Approvals

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

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

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

6.a. Page Number 6.b. Part Number 6.c. Item Number

7.a. Page Number 7.b. Part Number 7.c. Item Number

8.a. Page Number 8.b. Part Number 8.c. Item Number

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

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.

Example for Previous OPT:

List all past OPT approvals

- Page Number: 2
- Part Number: 2
- Item Number: 12

OPT Work Authorization
SEVIS Number
OPT Start and End Dates
Degree Level (i.e. Bachelor's, Master's, Ph.D.)

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

OPT Work Authorization
N0123456789
07/01/2019-06/30/2020
Master's

Example for Previous CPT:

List all past CPT approvals

- Page Number: 3
- Part Number: 2
- Item Number: 27

CPT Work Authorization
SEVIS Number
Employer's Name
CPT Start and End Dates
Part Time or Full Time
Degree Level (i.e. Bachelor's, Master's, Ph.D.)

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

CPT Work Authorization
N0123456789
Amazon, Inc.
05/31/2020-08/25/2020
Full-time
Master's

Example for Previous SEVIS IDs:

List all past SEVIS ID numbers

- Page Number: 3
- Part Number: 2
- Item Number: 26

Previous SEVIS ID Number
SEVIS Number
Program Start and End Dates
Degree Level Degree Level (i.e. Bachelor's, Master's, Ph.D.)

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

Previous SEVIS IDs
N0987654321
09/01/2015-05/15/2019
Bachelor's