

Form I-765 guide for Post-Completion Practical Training (OPT)

(paper application)

Disclaimer: This document is intended only as a courtesy informational sample to the applicants/students at HCC. It does not constitute a legal advice and ISP is not responsible for any errors, omissions, and for results obtains by USCIS.

Make sure to sure the current edition of the Form I-765 found on the USCIS website. <https://www.uscis.gov/i-765>
Do not use previous editions of the Form I-765. Failure to use the current version of the Form I-765 will result in the rejection or denial of your OPT application by USCIS.

OPT application is a personal application for which you are responsible. The application preparation and USCIS case decision will vary depending on the facts at issue in your particular case.

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. 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.

Before filling in the Form I-765, please download it from USCIS’s website and open the pdf document in Adobe so that you can type into all fields. Do not use Preview or other non-Adobe-based PDF software as you may not be able to complete each field as instructed. Form I-765 is a fillable PDF form. **Type** the information into the form using a computer. If there are fields that you cannot type into, change the internet browsers or when you print out the final form, then neatly handwrite the information in black ink in the fields.

There is a bar code at the bottom of each page on Form I-765. Please make sure that the barcode is displayed at the bottom of every page when printing your I-765. If the bar code is missing, use a different computer/printer and/or internet browser.

You must print and sign the completed I-765 with an original signature (electronic signatures are not allowed).



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

Make sure to use the current edition found on USCIS website
https://www.uscis.gov/i-765 and confirm the correct edition date found on the bottom left at the page.

Form header section including 'For USCIS Use Only' with fields for 'Valid From', 'Valid Through', 'Alien Registration Number', and 'Remarks'. Includes a 'Fee Stamp' and 'Action Block' area.

LEAVE BLANK

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.

Read instructions

Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a. [X] Initial permission to accept employment.
1.b. [] Replacement of lost, stolen, or damaged employment authorization document...
1.c. [] Renewal of my permission to accept employment.

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.

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

If not applicable, enter "N/A" in each field

Form I-765 Edition 08/25/20

Edition date



Bar code displayed at the bottom of every page

1. a. select the box "initial permission to accept employment"

1.a, 1.b, 1.c - enter your full legal names as they appear on your passport. Leave the middle name field (item 1.c.) blank if you do not have a middle name

5.a. – 5.f. This is the address where USCIS will mail all correspondence such as receipt, RFE (request for evidence (if any) , approval or denial notice, and EAD-OPT card. It is critical the address is entered correctly. Write a U.S. address that will remain valid for 3-5 months.

5.a. If you are using your own address, enter "N/A" ; If you are using someone else's address (trusted friend or a family member's address for mailing, enter the person's name in item " In care of name".

6. Check "Yes" if you are using your own U.S. mailing address and if it is your current physical address . If you answered "No" to item number 6, provide your physical address in 7.a-7.e

7. Complete items 7.a.-7.e. with your current residential address if you checked "No" in Item 6.

8. F-1 students will not have A= number unless they received one from a previous immigration status or they had other type of work permit. Handwrite "N/A" after printing Form I-765

9. You will have this number if you have previously filed an application using USCIS online filing system, enter the number. If none, then handwrite "None" after printing Form I-765.

10-11 – self-explanatory items. Fill in the correct information

12. If you have ever issued an EAD previously with USCIS, check "yes"; complete Part 6 on page 7 and provide copies of your previous EADs. If EAD is not available, explain in Part 6. If you had not been previously filed for I-765, check "No".

13. a If you have a Social Security Number (SSN), select "Yes". If you do not have a SSN select "No". 13. b. Enter your Social Security number if you have one. Leave this box blank if you do not have SSN.

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. [] Fl. []
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. [] Fl. []
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 []

#14 and #15 – if you do not have a SSN, answer "Yes" to request one .

If you answered "Yes" to item number 14, you must also answer "Yes" to item number 15. If you answered "yes" to item numbers 14-15, complete also items 16.a, 16.b, 17.a. and 17.b.

If you already have SSN, do not request a new one. If you answered "no" to item number 14, skip to Part 2, item number 18. a.

18.a. Enter your country of citizenship.



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)

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)(2)(6) Eligibility Category.** If you entered the eligibility category (c)(2)(6) 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. Enter the following: **c 3 B**

28.-31.b
These questions do not apply to you since you are filing for Post-Completion OPT (c) (3) (B)

Enter N/A

19.a; 19.b; 19. c.; 20. are self-explanatory items. Please enter the correct information.

21. Enter the 11- digit number from your most recent electronic I-94 record online by visiting <https://i94.cbp.dhs.gov/i94/#/home> Or if you have changed your status to F-1 in the U.S. , I-94 will be at the bottom of your USCIS I-797 A Notice of Action.

21.b. Enter passport number from your **most recently issued passport**

21.c. Enter "None"

21.d. and 21.e. You may find this information on the biographical page of your most recently issued passport

22. Enter the **most recent date you entered the U.S.** as listed on your I-94 record.

23-24 – Use your I-94 record information.

Place of last arrival refers to the three- letter code for the airport, port of entry on your most recent entry stamp in your passport. Example: If your most recent entry is in Houston, the entry stamp on passport would be HOU.
25. Write "F-1 student"

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



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)

7.a. – application must be signed by hand
Once I-765 is completed, PRINT the form and SIGN BY HAND.

DO NOT SIGN with electronic signatures. If Form I-765 is signed with an electronic signature, your OPT application will be denied by USCIS.

Your signature must fit within the box.
Sign with blank ink

7.b
add the date that you signed the I-765 .
It should be a current date (the date you upload documents in your OPT checklist) – do not use old dates.

Follow the correct date format (mm/dd/yyyy)

Part 4
These sections are not applicable for your case.

To be completed only if using an interpreter.

Enter N/A



Part 5.
These sections are not applicable for your case.

To be completed only if using a preparer.

Enter N/A

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)

N/A



Part 6

Only for students who need to provide additional information.
 For example, if you have previously issued EADs,
 3.a. 2
 3.b. 2
 3. c. 12

If you do not need to use this page, write N/A

If you have been authorized for CPT, your DSO will provide you with a screenshot along with your OPT I-20 that should be included in the OPT mailing packet.

You have to print out **all 7 pages** of the application, sign it by hand, and verify the bar code displays at the bottom of each page.

This form should always be submitted together with a valid I-20 with OPT authorization within the filing dates established by USCIS.

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.d. _____

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

4.d. _____

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. _____

