


I-765 Guide

IMPORTANT!

- If a question does not apply to you, do not leave the field blank. Write N/A in the field to indicate that the question does not apply to you. If it is a numerical field, write NONE. Example: If you do not have a middle name, write N/A in Part 2 #1c.
- The advice we give in this document are for questions that are more confusing. If information on a specific field is not listed below, that DOES NOT mean to leave the field blank.

 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- <input style="width: 100px;" type="text"/> Remarks: _____	Fee Stamp Action Block
To be completed by an attorney or Board of Immigration Appeals (BLA)-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 style="width: 100%;" type="text"/>
<p>▶ 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.</p>		
Part 1. Reason for Applying I am applying for (select only one box): 1.a. <input type="checkbox"/> Initial permission to accept employment. 1.b. <input type="checkbox"/> 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. <input type="checkbox"/> 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) <input style="width: 100%;" type="text"/> 2.b. Given Name (First Name) <input style="width: 100%;" type="text"/> 2.c. Middle Name <input style="width: 100%;" type="text"/> 3.a. Family Name (Last Name) <input style="width: 100%;" type="text"/> 3.b. Given Name (First Name) <input style="width: 100%;" type="text"/> 3.c. Middle Name <input style="width: 100%;" type="text"/> 4.a. Family Name (Last Name) <input style="width: 100%;" type="text"/> 4.b. Given Name (First Name) <input style="width: 100%;" type="text"/> 4.c. Middle Name <input style="width: 100%;" type="text"/>
Part 2. Information About You Your Full Legal Name 1.a. Family Name (Last Name) <input style="width: 100%;" type="text"/> 1.b. Given Name (First Name) <input style="width: 100%;" type="text"/> 1.c. Middle Name <input style="width: 100%;" type="text"/>		

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Part 1

- Check "Initial Permission to Accept Employment" for both OPT and STEM OPT

Part 2

- **#1a-c:** Type your family/last name in CAPITAL LETTERS. Your first and middle name can be typed with first letter capitalized (standard format).
- **#2-4:** Enter any other names used such as nicknames or maiden names. If you have not used other names, write N/A in each blank field.

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 "Yes" to Item Number 13, provide your Social Security Number in Item Number 13b.

- **#13-17:** If you have a social security number (SSN), check YES in #13a and enter your SSN in #13b. Check NO for #14 and enter N/A in #16 and #17. If you do not have a SSN, check NO for #13a and complete #13-17.

- **#5-7:** For mailing address, use the address where you expect to be living for the next three to five months. This address must be in the US.
 - If you know or think you will move, you can use "In Care Of Name" to have your mail sent to a friend, family member, or ISSS. If you wish to use ISSS, enter this address:
 - **In Care of Name:** ISSS
 - **Street Number and Name:** 2200 S. Josephine St.
 - **City:** Denver **State:** CO **Zip:** 80208
 - If the mailing address you enter for #5 is not your residence (for example: if you use the address of I-House or a relative you don't live with) then check NO on #6 and enter the address **where you live** in #7a-e. If your address changes at any time after you submit Form I-765, immediately notify USCIS online at <https://egov.uscis.gov/coa/displayCOAForm.do> or by phone at 800-375-5283.
 - **The US Postal Service does not forward government mail.**
- **#8:** If you have previously applied for an Employment Authorization Document (EAD) then you have an A-Number. The A-Number is listed as USCIS# on your previous EAD card.
- **#12:** If you have previously applied for an EAD card (prior OPT or off-campus work authorization – NOT CPT), check YES.

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
[Text Box]

19.b. State/Province of Birth
[Text Box]

19.c. Country of Birth
[Text Box]

20. Date of Birth (mm/dd/yyyy) [Text Box]

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)
▶ [Text Box]

21.b. Passport Number of Your Most Recently Issued Passport
[Text Box]

21.c. Travel Document Number (if any)
[Text Box]

21.d. Country That Issued Your Passport or Travel Document
[Text Box]

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

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)).
([Text Box]) ([Text Box]) ([Text Box])

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 [Text Box]

28.b. Employer's Name as Listed in E-Verify
[Text Box]

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

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.
▶ [Text Box]

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

- **#21a:** Electronic I-94: Enter the Admission (I-94) Record Number from your electronic form downloaded from <https://i94.cbp.dhs.gov/i94/>. Paper I-94: Enter the complete number listed on the upper left corner of your paper I-94 card.
- **#22:** Enter the date of your last entry to the US. The date will match the date on your I-94 unless you traveled to Canada, Mexico, or the adjacent islands for less than 30 days and did obtain a new I-94.
- **#23:** Enter the city and state where you passed through US Customs and Border Patrol. This may not be the last leg of your flight (Example: passed through US Customs and Border Patrol in Los Angeles, CA but then flew to Denver. Write Los Angeles, CA in this case).
- **#27:** Enter the appropriate eligibility category:
 - **(C) (3) (A)** – Pre-completion OPT (employment occurring prior to degree completion)
 - **(C) (3) (B)** – Post-completion OPT (employment occurring after degree completion or after all course requirements with only thesis/dissertation remaining)
 - **(C) (3) (C)** – STEM OPT extension
- **#28:** Leave this field blank if you are applying for the eligibility categories (C) (3) (A) or (C) (3) (B).
 - If you are applying for the STEM OPT extension, list your degree in #28a (example: PhD in Chemistry), your employer's name as listed in E-Verify in #28b, and the employer's E-Verify number in #28c.
 - Contact your employer for the E-Verify name and number. The Employer Identification Number (EIN) is NOT the E-Verify number.
- **#29-31:** Leave these fields blank. They apply to other eligibility categories and not to the ones listed above in #27.

Part 3

- **#1-6:** Complete
- **#7a:** Make sure you print the form and physically sign with black ink.
- **#7b:** Enter the date you complete the form in US format (Example: 11/23/2020 for November 23, 2020)

Part 4 and 5: Enter N/A or NONE in each field to indicate these sections do not apply to you.

Part 6: Include information regarding previous SEVIS ID numbers and all prior work authorizations such as CPT, OPT, economic hardship. Do not include on-campus employment information.

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. Current SEVIS ID N0001234567
Master's Degree, No Previous OPT or CPT

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

4.d. Previous SEVIS ID N0002345678
Bachelor's Degree
CPT Part-time 01/15/2017-05/01/2017
OPT Full-time 06/01/2017-05/31/2018
(See attached I-20s)

- **#1a-c:** Complete this to match Part 2 #1a-c (page 1 of form I-765)
- **#2:** Enter the A-Number from Part 2 #12 (if applicable)
- **#3a-c:** Enter page number 3, part number 2, and item number 27
- **#3d:** List the following information:
 - Current SEVIS ID
 - Any OPT or CPT you've completed under this SEVIS ID
 - Write if the CPT and/or OPT was part-time or full-time
 - Write the dates of CPT and/or OPT
 - Write the level of study (Bachelor's, Master's, Doctoral)
- **#4d:** List the following information:
 - Any previous SEVIS IDs
 - CPT or OPT authorized on previous SEVIS IDs
 - Write if the CPT and/or OPT was part-time or full-time
 - Write the dates of CPT and/or OPT
 - Write the level of study (Bachelor's, Master's, Doctoral)