

## Follow this sample to complete Form I-765 for STEM Extension OPT

The only items highlighted on this form are those that students commonly have questions on. Please review each item carefully to ensure your I-765 is filled out correctly and completely.



### 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 style="width: 100px;" type="text"/>		
	Remarks		

<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>	<input type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input style="width: 100%;" type="text"/>
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▶ **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 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. 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

This box must be marked

If you have a preferred name, you can list it here. If not, write "None"

You must include all 7 pages even if you are leaving Part 4 – 6 blank

This address is where your EAD card will be sent

If someone will receive your mail for you, write their name here

Check "Yes" if the address above is your current address; check "No" if it is not your current address and enter your address in 7a - 7d

An A# is typically issued to people who are granted certain immigration benefits. If you don't have one or don't remember it, leave it blank

Check "Yes"

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.

Read instructions on how to complete 13b to 17b.

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any) John Doe
5.b. Street Number and Name 3013 Farland Street
5.c. Apt. Ste. Flr. 515
5.d. City or Town Madison
5.e. State WI 5.f. ZIP Code 53765

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

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 Barbados
18.b. Country

Check "Yes" if you have an SSN and enter it in Item 13b

Check "No" if you do not have an SSN and skip 13b

**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  
Bridgetown

19.b. State/Province of Birth  
Saint Michael

19.c. Country of Birth  
Barbados

20. Date of Birth (mm/dd/yyyy) 08/31/1995

**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 4 1

21.b. Passport Number of Your Most Recently Issued Passport  
1234567

21.c. Travel Document Number (if any)

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

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 06/30/2020

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 12/28/2017

23. Place of Your Last Arrival Into the United States  
Chicago

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-0000123456

**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 )

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., have you EVER been arrested for and/or convicted of any crime?  
 Yes  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 regarding court dispositions.

31.a. (c)(36) Eligibility Category. If you entered (c)(36) 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.

STEM OPT:

Lower case c  
Number 3  
Upper case C

Provide your degree level and major, e.g.:  
Bachelor's degree in Mathematics

The E-verify number will be 5-6 digits, and is NOT the tax ID.

The I-94 record should be from most recent entry into the U.S.

This can be found on the entry stamp in your passport or on your I-94

Your SEVIS number is on the top left corner of your I-20

Enter the arrival city or airport name

**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  
1234657890
4. Applicant's Mobile Telephone Number (if any)  
9876543210
5. Applicant's Email Address (if any)  
badger@gmail.com
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.

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)  
\_\_\_\_\_

Check this box if you prepared this form yourself

Sign and date in black ink

Leave Part 4 and Part 5 if you prepared this form yourself

**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)

**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)

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**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 ay 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)

**Complete Part 6 ONLY IF:**

1. You have additional information to provide for earlier sections
2. You have ever been authorized for CPT or OPT,
3. You previously had a different SEVIS ID number from your current I-20 SEVIS ID number.

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)	<input type="text" value="BADGER"/>		
1.b. Given Name (First Name)	<input type="text" value="Buckingham"/>		
1.c. Middle Name	<input type="text"/>		
2. A-Number (if any) ▶ A-	<input type="text"/>		
3.a. Page Number	3.b. Part Number	3.c. Item Number	
<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="23"/>	
3.d. Pre-clearance: Abu Dhabi			
4.a. Page Number	4.b. Part Number	4.c. Item Number	
<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="27"/>	
4.d. OPT, 06/01/2017-05/31/2018, Bachelor's			
5.a. Page Number	5.b. Part Number	5.c. Item Number	
<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="27"/>	
5.d. Previous SEVIS ID			
N0000012345, Bachelor's			
6.a. Page Number	6.b. Part Number	6.c. Item Number	
<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="27"/>	
6.d. CPT, 07/07/2018-09/01/2018, FT, Bachelor's			
CPT, 06/08/2017-08/20/2017, PT, Bachelor's			

Provide your name

If you have additional information to provide for earlier sections, write the page #, part # and item # of that section

If you have been authorized for CPT, OPT or have had a different SEVIS ID #, you can write Page 3, Part 2 and Item 27

Write CPT, OPT and SEVIS IDs in separate sections using this suggested format:  
 CPT, start date-end date, FT/PT, degree level  
 OPT, start date-end date, degree level  
 Previous SEVIS ID, ID number, degree level

**You must include all 7 pages even if you are leaving Part 4 – 6 blank**