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.

You must include all 7 pages even if you are leaving Part 4 – 6 blank
Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
John Doe

5.b. Street Name and Number
3013 Farland Street

5.c. Apt. □ Sta. □ Flr. 515

5.d. City or Town
Madison

5.e. State □ WI 5.f. ZIP Code 53765
(CESP 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 Name and Number


7.c. City or Town

7.d. State □ t.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)

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 issued a Social Security card to you?

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 Item Number 13.a. If you answered “Yes” to Item Number 13.a, 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 13 - 16, provide the information requested in Item Numbers 16.a - 17.b.

Father’s Name
Provide your father’s birth name.

16.a. Family Name

16.b. Given Name
(First Name)

Mother’s Name
Provide your mother’s birth name.

17.a. Family 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

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

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

If someone will receive your mail for you, write their name here
**I-94 Record**

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.

- **Travel Document Number:** 
  - If any:
  - 1234567

**Date of Birth (mm/dd/yyyy):** 08/31/1995

**Place of Birth**
- City/Town/Village of Birth: Bridgetown
- State/Province of Birth: Saint Michael
- Country of Birth: Barbados

**Date of Last Arrival in the United States**
- Form I-94 Arrival-Departure Record Number (if any): 1234567
- Passport Number of Your Most Recently Issued Passport: 1234567

**Travel Document Number (if any):**
- 1234567

**Country That Issued Your Passport or Travel Document:**
- Barbados

**Expiration Date for Passport or Travel Document (mm/dd/yyyy):** 06/30/2020

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

**Place of Your Last Arrival Into the United States:** Chicago

**Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category):**
- F-1 student

**Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred status, or no status or category):**
- F-1 student

**Student and Exchange Visitor Information System (SEVIS) Number (if any):**
- N-000123456

**Information About Your Eligibility Category**

- **Eligibility Category:**
  - 27. Eligibility Category. Refer to the Who May File Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letters and number for your eligibility category below (for example. (a)(3), (c)(17)(ii)).
  - 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.e.

**Other Information**

- **Employee's Name as Listed in E-Verify:**
- **Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number:**

**Other Notes:**

- **Enter the arrival city or airport name:**
- **Your SEVIS number is on the top left corner of your I-20:**
- **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.**

**Other Details:**

- **NOTE:** If you answered “Yes” to Item Number 39, refer to Special Filling Instructions for Those With Pending Asylum Applications (c)(8) in the Required Instructions for Form I-765 Instructions for providing court dispositions.

- **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 Instructions for information about providing court dispositions.
Part 3. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature

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 understand 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
1234567890

4. Applicant’s Mobile Telephone Number (if any)
9876543210

5. Applicant’s Email Address (if any)
hady@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 unstamped, 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.

Furthermore, I 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 (fingerprint, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath/waiver 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 in my application and any document submitted with it, 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)

Form I-765 05/31/18
## Part 4. Interpreter’s Contact Information, Certification, and Signature

### Interpreter’s Mailing Address

3.a. Street Number and Name

3.b. [ ] Apt.  [ ] Ste.  [ ] Fl.

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 [language], which is the same language specified in Part 5, Item Number 1.b., and have read to this applicant the translated 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.  [ ] Fl.

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)
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.

<table>
<thead>
<tr>
<th>5.a. Page Number</th>
<th>5.b. Part Number</th>
<th>5.c. Item Number</th>
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<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>27</td>
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<th>5.d. Previous SEVIS ID</th>
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<td>N0000012345, Bachelor's</td>
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<th>6.d. CPT, OPT and SEVIS IDs in separate sections using this suggested format:</th>
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<tbody>
<tr>
<td>CPT, start date-end date, FT/PT, degree level</td>
</tr>
<tr>
<td>OPT, start date-end date, degree level</td>
</tr>
<tr>
<td>Previous SEVIS ID, ID number, degree level</td>
</tr>
</tbody>
</table>

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

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