

Instructions for Completing Form I-765

**This guide answers some areas not clear in USCIS instructions.
Fill out ALL sections.**

**Note: Fill-able form can be found at www.uscis.gov
Under forms, you can type in on pg 10, then print or handwrite on the form.**

OMB No. 1615-0040; Expires 08/31/08

Department of Homeland Security
U.S. Citizenship and Immigration Services

I-765, Application For Employment Authorization

Do not write in this block.

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (<i>Circle One</i>) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied.		
<input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for:

Permission to accept employment.

Replacement (*of last employment authorization document*)

Renewal of my permission to accept employment (*attach previous employment authorization document*).

1. Name (Family Name in CAPS) (First) _____ (Middle) _____	Which USCIS Office? _____	Date(s) _____
2. Other Names Used (Include Maiden Name) _____		Results (Granted or Denied - attach all documentation) _____
3. Address in the United States (Number and Street) _____ (Apt. Number) _____	12. Date of Last Entry into the U.S. (mm/dd/yyyy) _____	
(Town or City) _____ (State/Country) _____ (ZIP Code) _____	13. Place of Last Entry into the U.S. _____	
4. Country of Citizenship/Nationality _____	14. Manner of Last Entry (Visitor, Student, etc.) _____	
5. Place of Birth (Town or City) _____ (State/Province) _____ (Country) _____	15. Current Immigration Status (Visitor, Student, etc.) _____	
6. Date of Birth (mm/dd/yyyy) _____	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.). Eligibility under 8 CFR 274a.12 () () ()
8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
9. Social Security Number (Include all numbers you have ever used) (if any) _____		
10. Alien Registration Number (A-Number) or I-94 Number (if any) _____		
11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If yes, complete below) <input type="checkbox"/> No		
17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below. Degree: _____ Employer's Name as listed in E-Verify: _____ Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number: _____		

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature _____ Telephone Number _____ Date _____

Signature of person preparing form, if other than above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name _____ Address _____ Signature _____ Date _____

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned



Form I-765 (Rev. 04/08/08) N

Check this box if this is the first time you are applying for OPT

The address should be the one you will be staying at the next 60-90 days. Your name should be on the mailbox so the carrier can deliver the card. Do not have your mail forwarded. The card will be returned to the immigration office & you may need to apply (with a fee) for a replacement. If you have a relative or friend, you can put c/o which means in care of and the full name of the person and the complete address on line 3.

Look at the white card (I-94) stapled in your passport.

Answer "Yes" if you have ever had an Employment Authorization Document card issued by USCIS. You may answer "No" only if you have had on-campus employment or Curricular Practical Training.

Check this box for the 17 month OPT Extension

Stamped date on your I-94.

Place of entry on your I-94.

You are an F-1 student.

See codes in instructions. Economic Hardship is (c) (3) (iii) Pre-completion OPT is (c) (3) (A) Post-completion OPT is (c) (3) (B) 17 month STEM OPT extension is (c) (3) (C)

ONLY IF EXTENDING OPT - Apply 90 days prior to end of 1 year OPT period.

Signature should fit within this space since it will be scanned.