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](http://www.uscis.gov)

Under forms, you can type in on pg 10, then print or handwrite on the form.

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

<table>
<thead>
<tr>
<th>Do not write in this block.</th>
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<tbody>
<tr>
<td><strong>Remarks</strong></td>
</tr>
<tr>
<td><strong>Applicant is filing under 274a.12</strong></td>
</tr>
<tr>
<td>[ ] Application Approved, Employment Authorized / Extended (Circle One) until</td>
</tr>
<tr>
<td>[ ] Application Denied.</td>
</tr>
<tr>
<td>Subject to the following conditions:</td>
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<tr>
<td>[ ] Failed to establish eligibility under 8 CFR 274a.12 (a) or (c)</td>
</tr>
<tr>
<td>[ ] Failed to establish economic necessity as required in 8 CFR 274a.12(c)(1)(A), (B) and 8 CFR 214.21(b)</td>
</tr>
</tbody>
</table>

I am applying for: [ ] Permission to accept employment [ ] Replacement of employment authorization document

Purpose of this permission to accept employment (attach previous employment authorization document)

1. Name (Family Name in CAPS) (First) (Middle) (Last)
2. Other Names Used (Include Maiden Name)
3. Address in the United States (Number and Street) (Apt. Number)
4. Town or City (State/Province) (ZIP Code)
5. Country of Citizenship/Nationality
6. Place of Birth (Town or City) (State/Province) (Country)
7. Date of Birth (mm/dd/yyyy)
8. Gender [ ] Male [ ] Female
10. Social Security Number (Include all numbers you have ever used) (If any)
11. Alien Registration Number (A-Number) or LA Number (If any)
12. Have you ever before applied for employment authorization from USCIS?
[ ] Yes (If yes, complete below) [ ] No

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: ___________________________


Recd. Sent Approved Denied Returned

Completed

Form 1-765 (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 if you 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.

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.

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)