

**SAMPLE**  
**FORM I-765 FOR 24-MONTH OPT**  
**STEM EXTENSION**

**#3. U.S. Mailing Address.** This address is where the USCIS will mail your EAD card (and Social Security Card, if requested) after your OPT is approved. Be sure that you will live at this address for at least 3-4 months after you submit your application. If you are uncertain where you will live in 3-4 months, you may use the ISSS office address. **Note: If you plan to check "yes" to question #10 and request a Social Security Card, you may not use the ISSS office address since your Social Security Card cannot be delivered to an office address.**



**Application For Employment Authorization**

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

**USCIS**  
**Form I-765**  
 OMB No. 1615-0040  
 Expires 02/28/2018

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
			Relocated	
			Received	Sent
		Completed		
		Approved	Denied	
		A#		

Application Approved

Authorization/Extension Valid From \_\_\_\_\_

Authorization/Extension Valid To \_\_\_\_\_

Subject to the following conditions: \_\_\_\_\_

Application Denied - Failed to establish:

Eligibility under 8 CFR 274a.12 (a) or (c)

Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)

Applicant is filing under section 274a.12

Select "Renewal of my permission to accept employment".

**#1. Your Full Name.** If your complete name does not fit in the allotted space, type as much of your name as possible. You should then include a separate letter to provide USCIS with your complete name. Sample language can be found at the bottom of this page. \*\*

**#3. U.S. Mailing Address.** Be sure to put your house number before your street name (Ex. 123 Main Street). Do not put your house number as an apartment number.

▶ **START HERE - Type or print in black ink.**

**I am applying for:**

- Permission to accept employment.
- Replacement (of lost employment authorization document).
- Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).**

**1. Full Name**

Family Name	First Name	Middle Name

**2. Other Names Used (include Maiden Name)**

Family Name	First Name	Middle Name

**3. U.S. Mailing Address**

Street Number and Name	Apt. Number	
Town or City	State	ZIP Code

**4. Country of Citizenship or Nationality**

**5. Place of Birth**

Town or City	State/Province	Country

**6. Date of Birth (mm/dd/yyyy)**

**7. Gender**  Male  Female

**8. Marital Status**

- Single  Married  Divorced  Widowed

**9.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 9.a., provide the information requested in Item Number 9.b.**

**9.b. Provide your Social Security number (SSN) (if known)**

▶

**10. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 11., Consent for Disclosure, to receive a card.)**

- Yes  No

**NOTE: If you answered "No" to Item Number 10., skip to Item Number 14. If you answered "Yes" to Item Number 10., you must also answer "Yes" to Item Number 11.**

**11. 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 10. - 11., provide the information requested in Item Numbers 12.a. - 13.b.**

**Father's Name**

**12.a. Family Name (Last Name)**

**12.b. Given Name (First Name)**

**#9b.** If you have a SSN, you must enter it here. If you do not have one, leave it blank.

**#10.** If you do not already have a Social Security Number and you would like one to be issued automatically after your OPT is approved, check Yes. If you prefer to apply for an SSN in person, check No. **Notes: If you check Yes, you may not use the ISSS address in #3 on this form. Also, your SSN will not be issued until after your OPT is approved, and your EAD has been created.**

**\*\*If your name does not fit in question #1, you must attach a separate letter.** At the top of the letter, put your complete name and Alien Registration Number (also known as USCIS#) which can be found on your OPT EAD. Include the following information: "My complete name does not fit in the allotted space for Question #1. Therefore, I am writing to provide my complete name. My complete name is: FAMILY NAME, First/Given Name, Middle Name." **Be sure to put the date on the letter and sign it.** Submit your letter to the USCIS along with your completed Form I-765 and other required application materials.

**#14. Alien Registration Number**

Type your 11-digit I-94 number here. To access your I-94, visit: <https://i94.cbp.dhs.gov/i94/#/recent-search>

**#15. Check "Yes". Which USCIS Office?**

- YSC = Potomac Service Center
  - EAC = Vermont Service Center
  - LIN = Nebraska Service Center
  - SRC = Texas Service Center
  - WAC = California Service Center
- Dates should be:

- Start and End Dates on EAD Card

**#16. Date of Your Last Arrival or Entry Into the U.S.**

Include short trips to Canada. This date may be different than the date listed on your Most Recent I-94.

**#17. Place of Your Last Arrival or Entry Into the U.S.**

List the City and State. If there is more than one airport in that city, please specify which airport. Ex. New York City: NY - JFK or LGA

24-Month OPT STEM Extension = (c)(3)(C)

**#21. Eligibility Category.**

List your degree and employment details. Be sure to include the employer's E-Verify number!

#22 and #23. Leave blank.

Mother's Name (Provide your mother's birth name.)

13.a. Family Name (Last Name) [ ]

13.b. Given Name (First Name) [ ]

14. Alien Registration Number (A-Number) or Form I-94 Number (if any) [ ]

15. Have you ever before applied for employment authorization from USCIS?

Yes (Complete the following questions.)

Which USCIS Office? [ ] Dates [ ]

Results (Granted or Denied - attach all documentation) [ ]

No (Proceed to Item Number 16.)

16. Date of Your Last Arrival or Entry Into the U.S., On or About (mm/dd/yyyy) [ ]

17. Place of Your Last Arrival or Entry Into the U.S. [ ]

18. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.) [ ]

19. Current Immigration Status (Visitor, Student, etc.)

F1 Student [ ]

20. Eligibility Category. Go to the Who May File Form I-765? section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.

( [ ] ) ( 3 ) ( [ ] )

Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 20. 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 [ ]

22. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 20. above, provide the receipt number of your H-1B principal sponsor's most recent Form I-797 Notice of Approval for Form I-797 [ ]

23. (c)(35) and (c)(36) Eligibility Category

a. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 20. above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140. [ ]

b. Have you EVER been arrested for and/or convicted of any crime?  Yes  No

NOTE: If you answered "Yes" to Item Number 23.b., refer to Item Number 5, Item H. or Item I. in the Who May File Form I-765 section of these Instructions for information about providing court dispositions.

**Certification**

I certify, under penalty of perjury, 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 Who May File Form I-765 section of the Instructions and have identified the appropriate eligibility category in Item Number 20.

Applicant's Signature [ ]

Date of Signature (mm/dd/yyyy) [ ]

Telephone Number [ ]

Signature of Person Preparing Form, If Other Than Applicant [ ]

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.

Preparer's Signature [ ]

Date of Signature (mm/dd/yyyy) [ ]

Printed Name [ ]

Address [ ]

Don't forget to sign and date Form I-765 in BLUE ink before mailing it to USCIS!