



Before you begin:

- It is strongly recommended that you type your answers.
- You may neatly handwrite your answers into fields that are not fillable.
- Refer to USCIS' I-765 instructions for additional guidance on completing this form.
- Enter "NA" when the field is not applicable unless instructed to leave blank.



Application For Employment Authorization

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

USCIS

Form I-765
OMB No. 1615-0040
Expires 07/31/2022

Leave Blank

Remarks

Leave Blank

▶ **START HERE - Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

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

Part 1, #1.a.-1.c.:

- Applying for **Pre-completion** or **Post-completion OPT**: Put an "X" in 1.a. (leave 1.b. and 1.c. blank)
- Applying for the **STEM Extension**: Put an "X" in 1.c. (leave 1.a. and 1.b. blank)
- Applying for a **replacement** of a lost, stolen, or damaged EAD: Put an "X" in 1.b (leave 1.a. and 1.c. blank)

Part 2, 2.a.-4.c.:

Type "NA" in 2.a.-4.c. unless you have used other names. If you have used other names (aliases, maiden names, or nicknames), enter them here.

Part 2, 1.a.: Enter your last name(s) as shown in your passport.

Part 2, 1.b.: Enter your first name(s) as shown in your passport.

Part 2, 1.c.: Enter your middle name(s) as shown in your passport or leave blank. Do not type "NA" if you do not have a middle name.



#5.a.-5.f.: This is the address where USCIS will mail your EAD. You may use your current US mailing address, but it must be valid at least 4-5 months into the future from the date USCIS receives your application. If you prefer to use ISSS' address, enter the address exactly as it appears to the right. Note: **ISSS is not responsible for documents lost in the mail.** If you will use a friend's address, enter their name in the "In Care of Name" field.

#6: Put an "X" in the "No" box unless the address above is your current physical address (where you live in the US). If you answered "No," complete 7.a.-7.e. If you answered "Yes," skip 7.a.-7.e.

#7.a.-7.e.: If you used ISSS' or a friend's address above, enter your current physical US address. Sometimes these fields are not fillable. You can handwrite your address after printing the form if necessary. If you used your physical address as your mailing address, leave 7.a.-7.e. blank.

#10 & 11, enter an "X" in the most appropriate box.

#12: If you have filed an I-765 before, enter an "X" in the "Yes" box, and include copies of previous EAD(s) with the OPT application. **If you're applying for a STEM extension you must select "YES."** Otherwise, put an "X" in the "No" box.

Part 2. Information About You (continued)

Your U.S. Mailing Address (USPS ZIP Code Lookup)

5.a. In Care Of Name (if any)
 Emory ISSS MSC 1784 001 1AV

5.b. Street Number and Name
 1784 North Decatur Road

5.c. Apt. Ste. Flr. 130

5.d. City or Town
 Atlanta

5.e. State 5.f. ZIP Code 30322

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
 Your US address

7.b. Apt. Ste. Flr. Apt #

7.c. City or Town
 City

7.d. State 7.e. ZIP Code Zip Code

Other Information

8. Alien Registration Number (A-Number) (if any)
 ▶ A- Leave blank unless applicable

9. USCIS Online Account Number (if any)
 ▶ Leave blank unless applicable

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

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.

13.b. Provide your Social Security number (SSN) (if known).
 ▶ Your 9 digit SSN

#13.a. See red box to the right

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

18.b. Country

#8: If you have been issued an EAD before, this can be found under the "USCIS #" area on your most recent EAD. If you have not been issued an EAD in the past, leave blank. **If you're applying for a STEM extension, enter USCIS # on current EAD.**

#9: If you have previously filed an application/petition using USCIS online filing system (previously called USCIS ELIS). You can find your USCIS Online Account Number by logging in to your account and going to the profile page. If not applicable, leave blank.

3 Options for #13.a.-17.b.

1) **Apply for an SSN Card:** For #13.a., put an "X" in the "No" box if you were never issued an SSN card. Then skip 13b. To request an SSN with your OPT application, put an "X" in the "Yes" box for #14 and 15, and complete #16-17 **OR**

2) **Already have an SSN Card:** For #13.a., put an "X" in the "Yes" box if you have been issued an SSN card and still have the card. Then enter the SSN in #13.b. For #14 put an "X" in the "No" box and leave #15, 16, 17 blank **OR**

3) **Lost your SSN Card:** If you have been issued an SSN but lost the card, for #13.a., put an "X" in the "Yes" box. Enter the SSN in 13.b (if known). To request a replacement SSN, put an "X" in the "Yes" box for #14 and 15 and complete #16-17.

#16.a.-17.b.: Complete only if requesting an SSN ("Yes" to #14 and 15).

#18.a.-18.b.: List all countries where you are currently a citizen or national. If you have only 1 country of citizenship, enter "NA" in #18.b.

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
Your City/Town/Village of Birth

19.b. State/Province of Birth
Your State/Province of Birth or "NA"

19.c. Country of Birth
Your Country of Birth

20. Date of Birth (mm/dd/yyyy) mm/dd/yyyy

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)
Most recent 11 Digit I-94 #

21.b. Passport Number of Your Most Recently Issued Passport
Your most recent passport number

21.c. Travel Document Number (if any)
Travel document # or type "NA"

21.d. Country That Issued Your Passport or Travel Document
Do not enter "US" unless a US citizen

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

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

23. Place of Your Last Arrival into the United States
City, State (For Example: Atlanta, GA)

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-10 digit SEVIS Number

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)

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 STEM OPT Use Only

28.b. Employer's Name as Listed in E-Verify STEM OPT Use Only

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
STEM OPT Use Only

29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item 27., provide the information requested in Item Numbers 29.a. - 29.c.

30. Have you ever been denied entry AND express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country? Yes No

30.a. Have you ever been denied entry AND express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country? Yes No

30.b. Have you ever been denied entry AND express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country? Yes No

30.c. Have you ever been denied entry AND express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country? Yes No

ALL STUDENTS:
Leave 29-31.b. blank.

#21.a.: To access your I-94: <https://i94.cbp.dhs.gov/>

#21.b. and #21.c.: If you used a passport or travel document to travel to the United States, enter either the passport or travel document information, even if the passport or travel document is currently expired.

#21.d. and #21.e.: This is the country that issued your passport (likely your country of citizenship) and its expiration date.

#22: Enter the last day you entered the US. This may be different than the date on your I-94 if you last entered through a land border.

#23: List the city and state. If there is more than one airport in the city, specify the airport (i.e. "JFK NYC, NY"). If you went through US Customs and Border Protection Pre-clearance before departure, enter the city and country (i.e. "Toronto, Canada Pre-clearance").

#24: Enter "F-1 Student" unless you were approved for a change of status from within the US by filing an I-539 with USCIS to change to F-1.

#27: For pre-completion OPT enter: (c)(3)(A)
For post-completion OPT enter: (c)(3)(B)
For the STEM Extension enter: (c)(3)(C)

STEM EXTENSION APPLICATIONS ONLY
(entered (c)(3)(C) in #27)

#28-28.c.: Complete only if this I-765 is being used to request the 24-month STEM extension.

#28.a.: Enter Degree Level (i.e. Bachelor's, Master's Doctorate), followed by your STEM Major as listed on page 1 of I-20.

#28.b. Employer's name as listed in E-verify.

#29.c. E-verify number (not EIN). The E-verify number is typically a 4-7 digit number.

If you are applying for pre-completion [(c)(3)(A) in #27] or post-completion OPT [(c)(3)(B) in #27], leave blank even if you will be eligible for the STEM extension in the future.

#26: Enter most recent SEVIS number found on the top left of your I-20. If you have had more than one SEVIS number (i.e. took a leave of absence), you can enter previous SEVIS numbers on page 7.

Part 2. Information About You (continued)

If you answered "Yes" to Item Number 30.c., provide the following information:

ALL STUDENTS:

Leave 29-31.b. blank.

I-765 Instructions for more information.

ALL STUDENTS:

Leave 29-31.b. blank.

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
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 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.

Part 3, #1.a.: Enter an "X" in 1.a.

Part 3, #1.b.: Enter "NA" in 1.b if you completed the form yourself without the use of an interpreter.

Part 3, #2: Enter "NA" in #2 if you completed the form yourself. If someone assisted you in completing your I-765, such as an attorney, put an "X" in box #2 and enter the person's name in the box under #2.

Part 3, #3-6: Enter your U.S. phone number as well as a mobile (cell phone) number (if any); Enter your non-Emory email address

Part 3, #6: Leave this box blank.



Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

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)

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 4, #3a-3h and #4-6:
Enter "NA" and leave boxes unchecked if you completed the form yourself without the use of an interpreter.

Enter "NA" if you completed the form yourself without the use of an interpreter.

Part 4, #7.a.-7.b.: Leave blank if you completed the form yourself without the use of an interpreter.

Part 3, #7.a. & 7.b.: After printing your I-765, sign within the box in **blue pen** and enter date signed. **Be sure to keep your signature within the box. No electronic signatures will be accepted.**

Part 4, #1.a.-2.: Enter "NA" if you completed the form yourself without the use of an interpreter.



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)

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 representative, you 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)

Part 5, 1.a.-7.b.: Enter "NA" and leave boxes unchecked in 1.a.-7.b. if you completed the form yourself.

If someone assisted you in completing your I-765, such as an attorney, enter the person's name, mailing address, and contact information and follow the instructions for #7.a.-7.b.

Leave blank if you completed the form yourself.

If someone assisted you in completing your I-765, such as an attorney, they should sign their name in #8.a. and enter the date in #8.b.



Part 6, 1.a.-7.d.:

If you did not have enough space to answer all the questions on page 1-6, you can add the additional information/clarification here.

Previous OPT, CPT & SEVIS #s

- If you have only had one SEVIS number and have never been authorized for OPT or CPT, type "NA" in 3.d, 4.d., 5.d., 6.d., and 7.d. as no additional information/clarification is required on page 7.
- If you have been authorized for OPT and CPT before and/or have had more than one SEVIS number, follow the instructions entered in 3.d., 4.d., and 5.d. **If you are applying for a STEM Extension include previous OPT information here.**
- If you have been authorized for CPT before, but not OPT, enter your CPT information in #3.a.-3.d. (see #4 for instructions).
- If you had more than one SEVIS number before but have never been authorized for CPT or OPT, enter your previous SEVIS Number information in #3.a.-3.d. (see #5 for instructions).

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)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number	3.b. Part Number	3.c. Item Number
<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="12"/>

3.d. If you have been previously authorized for OPT, provide the type of OPT (pre or post-completion), SEVIS ID and academic level for which it was authorized (i.e. Pre-Completion OPT, N0012345678, bachelor's). You will also need to provide copies of previously issued EAD s. Reference Page 2, Part 2, Item #12 in boxes above. If not applicable, type "NA"

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. If you have been authorized for CPT, provide the SEVIS ID, start and end date, part-time or full-time, and academic level for which it was authorized (i.e. CPT, N0012345678, 5/20/18-8/10/18, full-time, bachelor's). Reference Page 3, Part 2, Item #27 in boxes above. If not applicable, type "NA"

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="26"/>

5.d. If you were previously in F-1 status, but had a different SEVIS number, provide all previously used SEVIS numbers and academic level (i.e. Previous SEVIS id: N0087654321, bachelor's). Reference Page 3, Part 2, Item #26 in boxes above. If not applicable, type "NA"

6.a. Page Number	6.b. Part Number	6.c. Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

6.d.

7.a. Page Number	7.b. Part Number	7.c. Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

7.d.

Almost Done! Next Steps:

- Print all 7 pages single-sided.
- Sign page 4 in **blue pen within the box. No electronic signatures will be accepted.**
- Scan all 7 pages as 1 pdf.
- Upload a copy of the completed I-765 to the OPT Request in ISSS Link.
- Save the original for the OPT application.

