

Initial 12-month Post-Completion OPT

Part 1: Reason for Applying. Select 1.a. for Initial permission to accept employment.

Part 2: Item Numbers 1.a. - 1.c. Your Full Legal Name. Provide your full legal name as shown on your I-20 in the spaces provided.

Item Numbers 2.a. - 4.c. Other Names Used. If no other names ever used, put “N/A” in the spaces provided. If you did use other names, 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**

<p>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</p>	<p><input type="checkbox"/> Select this box if Form G-28 is attached.</p>	<p>Attorney or Accredited Representative USCIS Online Account Number (if any)</p> <div style="border: 1px solid black; height: 20px;"></div>
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► **START HERE** - Type or print in black ink.

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) | Same as SURNAME on I-20 |
| 1.b. Given Name
(First Name) | Same as GIVEN NAME on I-20 |
| 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 | |
| <hr/> | | |
| 3.a. | Family Name
(Last Name) | |
| 3.b. | Given Name
(First Name) | |
| 3.c. | Middle Name | |
| <hr/> | | |
| 4.a. | Family Name
(Last Name) | |
| 4.b. | Given Name
(First Name) | |
| 4.c. | Middle Name | |

Item Numbers 5.a. - 5.f. Your U.S. Mailing Address. You must provide a valid mailing address in the United States. You may list a valid U.S. residence. You may also list a U.S. Post Office address (PO Box) if that is how you receive your mail. If your mail is sent to someone other than yourself, please include an "In Care Of Name" as part of your mailing address. If it is yourself, leave it blank. USCIS will send your EAD to this address.

Part 2. Information About You (continued)

Your U.S. Mailing Address

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

NOT your own name.

5.b. Street Number and Name

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town

5.e. State



5.f. ZIP Code

[\(USPS ZIP Code Lookup\)](#)

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.

Item Numbers 6. - 7.e. U.S. Physical Address. Type or print your physical address in the spaces provided.

U.S. Physical Address

7.a. Street Number and Name

7.b. ☐ Apt. ☐ Ste. ☐ Flr.

7.c. City or Town

7.d. State



7.e. ZIP Code

Item Number 8. Alien Registration Number (A-Number) (if any): If you do not have an A-Number or if you cannot remember it, leave this space blank. If you had an EAD before, this number may be listed as the USCIS Number on the front of the card.

An Alien Registration Number, otherwise known as an "A-Number," is typically issued to people who apply for, or are granted, certain immigration benefits. If you were issued an A-Number, type or print it in the spaces provided. If you have more than one A-Number, use the space provided in **Part 6. Additional Information to provide the information.**

Other Information

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

► A-

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Item Number 9. USCIS Online Account Number (if any). If you previously filed for OPT on a paper form through a USCIS Lockbox facility, you may have received a USCIS Online Account Access Notice issuing you a USCIS Online Account Number. You may find your USCIS Online Account Number at the top of the notice. The USCIS Online Account Number is not the same as an A-Number. If you were issued a USCIS Online Account Number, enter it in the space provided.

9. USCIS Online Account Number (if any)

[illegible]

Item Numbers 12. Previous Application for Employment Authorization from USCIS. If you have applied for employment authorization in the past, select “Yes” for Item Number 12. Provide copies of your previous EADs, if available.

12. Have you previously filed Form I-765?

☐ Yes ☐ No

Item Numbers 13.a. - 17.b. Questions regarding Social Security Number (SSN). Item Number 13.a. asks you if the Social Security Administration (SSA) has ever officially issued you a Social Security card. If the SSA ever issued a Social Security card to you in your name or a previously used name such as your maiden name, then you must enter the SSN from your card in **Item Number 13.b.**

If your request for employment authorization is approved, the SSA may assign you an SSN and issue you a Social Security card, or issue you a replacement card. If you want the SSA to assign you a Social Security number and issue you a Social Security card, or issue you a new or replacement Social Security card, then answer “Yes” to both **Item Number 14.** and **Item Number 15.** You must also provide your father’s and mother’s family and given names at birth in **Item Numbers 16.a. - 17.b.** SSA will use **Item Numbers 16.a. -17.b.** in issuing you a Social Security card.

You are not required to request an SSN using this application. Completing **Item Numbers 14. - 17.b.** is optional. However, you must have an SSN properly assigned in your name to work in the United States.

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).

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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)

Item Number 18.a. - 18.b. Country or Countries of Citizenship or Nationality. Type or print the name of the country or
countries where you are currently a citizen or national.

If you are a citizen or national of more than one country, type or print the name of the foreign country that issued your
last passport.

***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

Item Numbers 19.a. - 19.c. Place of Birth. Enter the name of the city, town, or village; state or province; and country where you were born. Type or print the name of the country as it was named when you were born, even if the country's name has changed or the country no longer exists.

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

19.b. State/Province of Birth

19.c. Country of Birth

Item Number 20. Date of Birth. Enter your date of birth in **mm/dd/yyyy** format in the space provided. For example, type or print October 5, 1967 as 10/05/1967.

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

Item Numbers 21.a. - 21.e. Form I-94 Arrival-Departure Record. You may find your I-94 record on CBP website at <https://i94.cbp.dhs.gov/i94/#/home>

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

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21.b. Passport Number of Your Most Recently Issued Passport

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

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

Item Number 22. Date of Your Last Arrival Into the United States, On or About. Provide the date on which you last entered the United States in mm/dd/yyyy format

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

Item Number 23. Place of Your Last Arrival Into the United States. Provide the location where you last entered the United States.

23. Place of Your Last Arrival Into the United States

Item Number 24. Immigration Status at Your Last Arrival. If you last entered the U.S. with your F-1 visa and I-20, type “F-1 student” in the space provided; if you were approved for change of immigration status within the U.S. since your last entry, type the previous status.

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

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

Item Number 26. Student and Exchange Visitor Information System (SEVIS) Number (if any). Enter your SEVIS ID printed on the top of your I-20.

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N-

Item Number 27. Eligibility Category. “Post-Completion OPT--(c)(3)(B)” can be found on the list of the eligibility categories in the **Who May File Form I-765** section of USCIS Instructions, under the “Foreign Students Categories”.

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)).

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NOTE: You **MUST** use **Part 6. Additional Information** to provide all previously used **SEVIS numbers** and evidence of **any previously authorized CPT or OPT** and the academic level at which it was authorized.

Item Numbers 28 to Item Number 31.b. Not relevant to Initial 12-month Post Completion OPT, therefore should enter “N/A” in the spaces possible.

- 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

28.b. Employer's Name as Listed in E-Verify

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

- 29. (c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

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- 30. (c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

NOTE: If you answered “Yes” to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

- 31.a. (c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

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- 31.b.** If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

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** section of the Form I-765 Instructions for information about providing court dispositions.

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

Item Numbers 1.a. - 7.b. Select the appropriate box to indicate whether you read this application yourself. If someone assisted you in completing it, select the box indicating that you used a preparer. Further, you must sign and date your application and provide your daytime telephone number, cell telephone number, and email address. Every application **MUST** contain the signature of the applicant. A stamped or typewritten name in place of a signature is not acceptable.

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.

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

Item Numbers 1.a. - 7.b. As a Post-Completion OPT applicant, you should NOT have an interpreter to assist you, as you are expected to be proficient in English. Therefore, "N/A" should be entered in all the spaces in this section.

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a.	Street Number and Name	N/A
3.b.	<input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	
3.c.	City or Town	N/A
3.d.	State	<input type="text"/>
3.e.	ZIP Code	
3.f.	Province	N/A
3.g.	Postal Code	N/A
3.h.	Country	N/A

Interpreter's Contact Information

4.	Interpreter's Daytime Telephone Number	N/A
5.	Interpreter's Mobile Telephone Number (if any)	N/A
6.	Interpreter's Email Address (if any)	N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and N/A, 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 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

If you completed this Form I-765 yourself, do NOT enter your information again. Instead, type "N/A" in all the spaces provided. If someone else completed this I-765 for you with legitimate reason, follow the instructions below

Item Numbers 1.a. - 8.b. This section must contain the signature of the person who completed your application, if other than you, the applicant. If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your application is an attorney or accredited representative, he or she may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your application.

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)

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 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 6. Additional Information

Make sure you fill out the Family Name and Given Name that match the same on Page One

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)	<input type="text"/>
1.b. Given Name (First Name)	<input type="text"/>
1.c. Middle Name	<input type="text"/>

CPT: List all previous CPT approvals, being sure to use a separate section for any/all CPT authorization periods. You can find all of your previous CPT information on the I-20 that was approved for each period of CPT.

- Suggested format: CPT Authorization
SEVIS ID number
Employer name
Employment start date - Employment end date
Degree level

3.a. Page Number	3.b. Part Number	3.c. Item Number
<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="27"/>
3.d.	CPT Authorization	
	N0101010101	
	GOOD COMPANY, INC.	
	06/01/2018 - 09/03/2018	
	Master's Degree	

OPT: List any previously authorized OPT and the academic level at which it was authorized. See example below:

6.a. Page Number	6.b. Part Number	6.c. Item Number
3	2	27

6.d.

OPT Authorization
N0101010101
MM/DD/YYYY Bachelor's

Part 6. Additional Information (continued)

Other SEVIS numbers: List all previously used SEVIS numbers different from the one on your current I-20, if you have any. See example below:

7.a. Page Number	7.b. Part Number	7.c. Item Number
3	2	27

7.d.

N0202020202, Best College, Bachelor's
N0303030303, Top University, Master's