I-765 Instructions for 12-Month OPT & STEM Extension OPT

The ISSS Office requires that you type this entire form. No handwritten forms will be accepted.

You can download a fillable form I-765 from the following link: https://www.uscis.gov/i-765

I am applying for:
If you are applying for 12-month OPT, check the box “Permission to accept employment.”

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).

If you are applying for STEM Extension OPT, check the box “Renewal of my permission to accept employment (attach a copy of your previous employment authorization document)”

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).

If your EAD card was lost or stolen, and are applying for a new card, check the box “Replacement (of lost employment authorization document)”

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).

Item 1: Full Name
- Use the name that is written on your I-20 and passport.
- Align your names with their respective headings.
- Type your family (last) name first in all CAPITAL (uppercase) letters.
- Type your first name in lowercase letters with only the first letter capitalized. If you have more than one first name, insert a space between each name.
- Include your middle name if you have one. If you do not have a middle name, leave that section blank.

1. Full Name
   (Family Name)   (First Name)   (Middle Name)
   SMITH           Jacob
**Item 2: Other Names Used**
Type any additional names you may have, such as a maiden name. If you do not have any additional names, leave this section blank.

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

**Item 3: U.S. Mailing Address**
Enter your street address. This must be a U.S. address, and it should be valid at least three months into the future. Do NOT use a P.O. Box address.

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

<table>
<thead>
<tr>
<th>Street Number and Name</th>
<th>Apt. Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 Main St.</td>
<td>C133</td>
</tr>
<tr>
<td>(Town or City)</td>
<td>(State)</td>
</tr>
<tr>
<td>Melbourne</td>
<td>FL</td>
</tr>
</tbody>
</table>

If you believe you will change addresses within the next three months, you are advised to list the address of a trusted friend or family member. If you choose to enter your friend or family member’s address, you must also include a “care of” name. This is indicated by writing “C/O” and then the name of your friend or family member before the street address.

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

<table>
<thead>
<tr>
<th>Street Number and Name</th>
<th>Apt. Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>C/O Jane Doe</td>
<td>300 Grand Ave.</td>
</tr>
<tr>
<td>(Town or City)</td>
<td>(State)</td>
</tr>
<tr>
<td>Palm Bay</td>
<td>FL</td>
</tr>
</tbody>
</table>

Remember:
- This address determines the USCIS location to which you send your OPT application.
- This address is the location to which USCIS will mail your receipt notice and EAD card.
- Mail from USCIS will NOT be forwarded.

**Items 4 – 8: Country of Citizenship or Nationality; Place of Birth; Date of Birth; Gender; Marital Status**
Enter your personal information in items 4 – 8.

**Item 9: Social Security Number**
If you have a Social Security Number, type it here. If you do not have one, leave this section blank.

9. **Social Security Number** (Include all numbers you have ever used, if any)

123-45-6789
**Item 10: Alien Registration Number (A-Number) or Form I-94 Number**
Enter your I-94 number. Visit the following link for the I-94 Admission Number Retrieval Website: [https://i94.cbp.dhs.gov/I94](https://i94.cbp.dhs.gov/I94)

10. **Alien Registration Number (A-Number) or Form I-94 Number**
   (if any)
   01234567890

**Item 11: Have you ever before applied for employment authorization from USCIS?**
ONLY select “Yes” if you have previously submitted the I-765 for work authorization to the US Citizenship and Immigration Services. If you selected “yes”, enter the USCIS office that handled your previous employment authorization application(s), and the date(s) that you were approved/denied for employment authorization. You will also need to provide photocopies of all previous work authorization documents.

11. **Have you ever before applied for employment authorization from USCIS?**
   - [x] Yes (Complete the following questions.)
   - Which USCIS Office?
   - Dates
     - Texas
       - 03/16/2016
   - Results (Granted or Denied - attach all documentation)
     - Granted
   - [ ] No (Proceed to Question 12.)

If you have not previously submitted the I-765 for work authorization, select “No” and proceed to question 12.

**Item 12: Date of Last Entry into the U.S., on or about**
Enter the last date you entered the U.S. This date should appear in the stamp on your passport, and on your I-94 record.

12. **Date of Last Entry into the U.S., on or about** (mm/dd/yyyy)
    03/03/2016
Item 13: Place of Last Entry into the U.S.
Enter the most recent arrival city and airport where you landed from overseas (For example: MCO – Orlando, FL; JFK – New York City, NY). If you took a flight that first landed in New York, and then you flew to Orlando, you should put the New York location as your most recent arrival.

13. Place of Last Entry into the U.S.
   JFK – New York, NY

Item 14: Status at Last Entry
Enter your status at last entry (if you entered with an I-20, you entered on an F-1 Student visa).

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

Item 15: Current Immigration Status
Your current immigration status is “student”

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

Item 16: Eligibility Category
If you are applying for 12-month post-completion OPT, enter the code (c) (3) (B)

16. 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.
   ( c ) ( 3 ) ( B )

If you are applying for STEM Extension OPT, enter the code (c) (3) (C)

16. 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.
   ( c ) ( 3 ) ( C )
**Item 17: (c)(3)(C) Eligibility Category**
This item only needs to be completed by those students applying for the STEM Extension OPT. For all others, this item can be left blank.

For your degree, enter your degree level (e.g. B.S., M.S.) and the code that appears on your I-20 in the section titled “MAJOR 1”. The code is two digits followed by a decimal and four additional digits (00.0000). Also enter your Employer’s Name as listed in E-Verify, as well as your Employer’s E-Verify Identification Number or a Valid E-Verify Client Company Identification Number.

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<table>
<thead>
<tr>
<th>PROGRAM OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUCATION LEVEL</td>
</tr>
<tr>
<td>BACHELOR'S</td>
</tr>
<tr>
<td>NORMAL PROGRAM LENGTH</td>
</tr>
<tr>
<td>PROGRAM START DATE</td>
</tr>
<tr>
<td>PROGRAM ENGLISH PROFICIENCY</td>
</tr>
<tr>
<td>MAJOR 1</td>
</tr>
<tr>
<td>MAJOR 2</td>
</tr>
<tr>
<td>ENGLISH PROFICIENCY NOTES</td>
</tr>
<tr>
<td>Student is proficient</td>
</tr>
</tbody>
</table>
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17. **(c)(3)(C) Eligibility Category**. If you entered the eligibility category (c)(3)(C) in Question 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
B.S. - 14.0701

Employer's Name as listed in E-Verify
XYZ Company

Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
123456

**Item 18: (c)(26) Eligibility Category**
Leave this section blank.

**Certification:**
Type the date you are signing, and a valid U.S. telephone number. Print your form and sign **IN BLUE INK** in the space provided.

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 Question 16.

Applicant's Signature
Don't forget to sign!

Date of Signature (mm/dd/yyyy) 03/16/2016

Telephone Number (123) 456-7890

**Signature of Person Preparing Form, If Other Than Applicant:**
Leave this section blank. This is only to be filled out if someone other than yourself completes this form.