



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)

Family Name	First Name	Middle 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

Street Number and Name		Apt. Number
100 Main St.		C133
Town or City	State	ZIP Code
Melbourne	FL	32901

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

Street Number and Name		Apt. Number
C/O Jane Doe 300 Grand Ave.		
Town or City	State	ZIP Code
Palm Bay	FL	10101

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/>

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?

Yes (Complete the following questions.)

Which USCIS Office?

Dates

Texas 10/26/2016

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.

11. 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 Question 12.)

Item 12: Date of Last Entry into the U.S., on our about

Enter the last date (on or about) that you entered the U.S. This date should appear in the stamp on your passport, and on your I-94 record. Enter this date in month/day/year format.

**12. Date of Last Entry into the U.S., on or about
(mm/dd/yyyy)**

09/14/2016

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 or 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.

PROGRAM OF STUDY		
EDUCATION LEVEL BACHELOR'S	MAJOR 1 Chemical Engineering 14.0701	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 48 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 12 AUGUST 2013	PROGRAM END DATE 31 MAY 2017	

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 Employer's Name as listed in E-Verify
B.S. 14.0701 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.

Item 19 a & b: (c)(35) and (c)(36) 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. Make sure your signature does not touch any text or lines, as your signature will be “lifted” from this form and be placed on your EAD card. Make sure that the red “**Don’t forget to sign!**” text is not on your printed form.

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)

01/25/2017

Telephone Number

1234567890

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.