



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 05/31/2020

Form I-765

Go to [USCIS' I-765 page](#) and download the most current Form I-765. USCIS does update Form I-765 frequently and you should use the most current form.

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through		
	Alien Registration Number A- <input type="text"/>		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any). Select this box if Form G-28 is attached.

Attorney or Accredited Representative USCIS Online Account Number (if any)

▶ 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.)

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
- 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 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

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.)



- ✓ **I-765 is a fillable PDF.**
- ✓ **Do not fill it out by hand.**



Part 2. Information About You (continued)

Your U.S. Mailing Address

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

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.

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

Other Information

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

9. USCIS Online Account Number (if any)

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).

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

Form I-765

Part 2: U.S. Mailing Address Item #5.a. – 6.

The address you put here is where the Employment Authorization Document (EAD) card will be mailed.

- This address needs to be valid for at least 3 months, the length of time it may take to process your OPT application.
- If you think you might move in the months after you mail your application, use a reliable friend or family member's address to receive your EAD. Type in their name in 5.a.
- The address you put here should be in California. If you wish to use a address **outside** the California, visit <http://www.uscis.gov/i-765-addresses> for the appropriate USCIS lockbox to send your OPT application.
- You may change your mailing address after you receive a [Form I-797C, Notice of Action](#), a receipt notice with your case number, from USCIS.

Part 2. Information About You (continued)

Your U.S. Mailing Address

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

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.

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

Other Information

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

9. USCIS Online Account Number (if any)

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).

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

Form I-765

Item #10 - 13.a: fill with personal information

Item #12: Previous Employment Authorization

Check "No" if you have not received an EAD in the past. If you have only worked on-campus, still check "No".

Item #13.b.

If you have a social security number. Provide your social security number. Choose "No" for Item 14 and 15. and leave 16-17 blank.

If you do not have a social security number, choose "Yes" for 14 and 15, and fill 16-17 with personal information.

Item #18.a. Provide your Country of Citizenship



Form I-765

Item #19.a. – 19.c.: fill with personal information

Item #20: fill your birthday with the format (MONTH/DAY/YEAR)

Item #21.a.: Print your Form I-94 at <https://i94.cbp.dhs.gov/> . Type the 11-digit “Admission (I-94) Record Number”.

Item #21.b.: Enter your most recent passport number

Item #21.c.: Type “None”

Item #21.d.-21.e.: fill with personal information

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
[Text Box]

19.b. State/Province of Birth
[Text Box]

19.c. Country of Birth
[Text Box]

20. Date of Birth (mm/dd/yyyy) [Text Box]

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)
▶ [Text Box]

21.b. Passport Number of Your Most Recently Issued Passport
[Text Box]

21.c. Travel Document Number (if any)
[Text Box]

21.d. Country That Issued Your Passport or Travel Document
[Text Box]

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

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

23. Place of Your Last Arrival Into the United States
[Text Box]

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

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

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
▶ N- [Text Box]

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)).
([Text Box]) ([Text Box]) ([Text Box])

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 [Text Box]

28.b. Employer's Name as Listed in E-Verify
[Text Box]

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

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.
▶ [Text Box]

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.
▶ [Text Box]

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 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

19.b. State/Province of Birth

19.c. Country of Birth

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

Information About Your Last Arrival in the United States

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

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)

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

23. Place of Your Last Arrival into the United States

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)

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

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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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.

▶

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.

▶

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.

Form I-765

Item #22: This is the date of your most recent entry into the U.S. This entry date can be found on the admission stamp on your passport or your Form I-94. **FORMAT (MONTH/DAY/YEAR)**

Item #23: Place of Last Entry into the U.S. This is the name of the city where you landed in the U.S. This information is also can be found on the admission stamp on your passport (usually as a code like "SFR" for San Francisco). If you drove across from Canada or Mexico, write the name and the city where you entered.

Item #24: Status at Last Entry This is the status you had upon entering the U.S. For example, you may have last entered with a H-4 dependent visa and changed status to F-1.



Form I-765

Item #25: Current Immigration Status

Type "F-1 Student".

Item #26: You can find your SEVIS number on your I-20. You must provide all previously used SEVIS numbers (both at SF State or previous U.S. schools) and all previously authorized CPT and OPT on **Part 6. Additional Information** (Page 7) – instructions on the next page

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
[Text Box]

19.b. State/Province of Birth
[Text Box]

19.c. Country of Birth
[Text Box]

20. Date of Birth (mm/dd/yyyy) [Text Box]

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)
▶ [Text Box]

21.b. Passport Number of Your Most Recently Issued Passport
[Text Box]

21.c. Travel Document Number (if any)
[Text Box]

21.d. Country That Issued Your Passport or Travel Document
[Text Box]

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

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

23. Place of Your Last Arrival Into the United States
[Text Box]

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

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

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
▶ N- [Text Box]

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)).
([Text Box]) ([Text Box]) ([Text Box])

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 [Text Box]

28.b. Employer's Name as Listed in E-Verify
[Text Box]

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

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.
▶ [Text Box]

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.
▶ [Text Box]

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.



Form I-765

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

3.d. I have previously used the following SEVIS ID number(s):

If you do not have multiple SEVIS IDs, move on to the next page

If you have multiple SEVIS IDs. You must list all previously used SEVIS numbers on "Part 6. Additional Information" (Page 7 of 7):

- Item #1.a. to 1.c.:** Enter your family name and given name
- Item #2:** Skip if you do not have an A-Number
- Item #3.a.:** Type "3" for page 3
- Item #3.b.:** Type "2" for part 2
- Item #3.c.:** Type "26" for item 26
- Item #3.d:** Type "I have previously used the following SEVIS ID number(s)" and list all the SEVIS ID number(s) you had in the past (at SF State and previous U.S. schools)

Form I-765

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

19.b. State/Province of Birth

19.c. Country of Birth

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

Information About Your Last Arrival in the United States

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

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)

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

23. Place of Your Last Arrival into the United States

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)

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

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)).

() () ()

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.

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.

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.

Item # 27: Eligibility Category

Use the following codes depending on the type of OPT you are requesting:

(c)(3)(A) Pre-Completion OPT

(c)(3)(B) Post-Completion OPT

Item # 28: (c)(3)(C) Eligibility Category

If you entered (c)(3)(A) or (c)(3)(B) on item #27, you are not required to fill out this item.

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) (B)

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

Form I-765

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 *Your 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)

Item #1.a.: check box

Item #3-5: Fill with personal information

Item # 7.a. Applicant's Signature

Sign your name in **BLACK** ink (Not blue). Your signature must fit between the lines. If your signature touches the signature box, your application will be returned to you. Be conservative and use a signature smaller than your normal handwriting.

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

3.d. Previously authorized CPT

1. Full-time CPT: 6/4/2016 -

8/15/2016, ABC College, Associate degree

2. Full-time OPT: 12/24/2016 -

12/23/2017, ABC College, Associate degree

3. Part-time CPT: 1/23/2018 -

6/1/2018, SF State, Bachelor's degree

Form I-765

If you have previously authorized CPT or OPT, include the information in “Part 6. Additional Information” (Page 7):

Item # 1.a. to 2: Complete the information

Item # 3.a. to 3.c: Leave it blank

Item #3.d: Type all previously authorized CPT and OPT (at SF State and previous U.S. schools) in the following format:

“Type of work authorization, start and end date, school name, academic level”

For example:

1. Full-time CPT: 6/4/2016 - 8/15/2016, ABC College, Associate degree

2. Full-time OPT: 12/24/2016 - 12/23/2017, ABC College, Associate degree

3. Part-time CPT: 1/23/2018 - 6/1/2018, SF State, Bachelor's degree



Form I-765

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

3.d. **N/A**

If you do not have any additional information to provide, you should still indicate that on page 7:

Item #1.a. to 2: Complete the information

Item #3.a. to 3.c: Leave it blank

Item #3.d: Type "N/A"