Prior to completing the I-765, please be sure you have copies of the following documents:

1) **OPT I-20 with employment recommendation**
   - Example of post-completion OPT employment recommendation on I-20
   - Remember to check “Date Issued” and “Program End Date” on Page 1 of your OPT I-20. If your application is received by USCIS more than 30 days after “Date Issued” and/or more than 60 days after “Program End Date” on Page 1, your OPT will be denied. Please contact OIS before proceeding.
   - If you do not have an I-20 with this information **DO NOT CONTINUE**. Please follow the instructions for requesting an OPT I-20 here: [https://ois.usc.edu/employment/employment-f1/opt/post-completion-opt/](https://ois.usc.edu/employment/employment-f1/opt/post-completion-opt/)

2) All previously issued I-20s from USC and, if applicable, any other schools you have attended in the U.S., especially any I-20s with employment endorsement for:
   - Curricular Practical Training (CPT)
   - Optional Practical Training (OPT)
     - Pre- or Post-Completion
     - 24-Month STEM OPT Extension

3) All previously issued EADs, if applicable:
   - Pre-Completion
   - Post-Completion
   - 24-Month STEM OPT Extension
   - Economic Hardship

**REMEMBER:** If you are filing for OPT, please note that your OPT and your employment authorization will be AUTOMATICALLY TERMINATED if you CHANGE EDUCATIONAL PROGRAM LEVELS (e.g. Bachelor’s to Master’s), TRANSFER YOUR SEVIS RECORD to another school, or CHANGE VISA STATUS.

**Please complete worksheet below to help you fill out the I-765.**

List all SEVIS IDs you have had as a F-1 student in the U.S. This list should include SEVIS ID(s) you had while attending USC and, if applicable, from any previously attended U.S. school(s) where you were issued an I-20 for attendance.

- N________________________
- N________________________
- N________________________
- N________________________
- N________________________
- N________________________

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USC Office of International Services
Sample I-765 for 12-Month Post-Completion OPT

Application For Employment Authorization
Department of Homeland Security
U.S. Citizenship and Immigration Services

For USCIS Use Only

☐ Authorization/Extension Valid From
☐ Authorization/Extension Valid Through

Fee Stamp
Action Block

SELECT 1.a.

REMINDER: Answer all questions fully and accurately. If a question does not apply to you, please type or print “N/A” or “None” unless otherwise directed. Please refer to USCIS I-765 instructions for further guidance.

IMPORTANT: This is a sample and does not supersede any guidance from USCIS. Applicants are responsible for reading USCIS’s I-765 instructions (https://www.uscis.gov/i-765) to ensure their form is completed correctly. The decision to approve or deny STEM OPT Extension applications is always at the discretion of USCIS.

REMEMBER: Need more space to type or to explain one or more of your answers? Please refer to the final page of these instructions for guidance. Part 6 of the I-765 is for additional information you need USCIS to know.

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### Part 2. Information About You (continued)

**Your U.S. Mailing Address**

5.a. In Care Of Name (if any)  
   **Tammy Trojan**

5.b. Street Number and Name  
   1234 Sample Street

5.c. [ ] Apt  [ ] Ste  [ ] Flr  123

5.d. City or Town  
   **Los Angeles**

5.e. State [ ] CA  [ ] ZIP Code 90089
   *(USPS ZIP Code Lookup)*

6. Is your current mailing address the same as your physical address?  
   [ ] Yes  [x] 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  
   5678 Main Street

7.b. [x] Apt  [ ] Ste  [ ] Flr  567

7.c. City or Town  
   **Los Angeles**

7.d. State [ ] CA  [ ] ZIP Code 90089

**Other Information**

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

9. USCIS Online Account Number (if any)

10. Gender  
    [x] Male  [ ] Female

11. Marital Status  
    [x] Single  [ ] Married  [ ] Divorced  [ ] Widowed

12. Have you previously filed Form I-765?  
    [ ] Yes  [x] No

13. a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?  
    [ ] Yes  [x] 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.

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For 13.b., enter SSN only if you answered “Yes” for 13.a.

If you answered “No” for 13.a., select “Yes”

Read carefully

If you answered “No” for 13.a., select “Yes”

Read carefully

If you are a dual citizen, enter second country for 18.b.

REMINDER: You will need to include copies of all previously issued I-20s showing work authorization, including CPT and OPT I-20s, as well as any EADs you may have been issued.

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<table>
<thead>
<tr>
<th>Part 2. Information About You (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Place of Birth</strong></td>
</tr>
<tr>
<td>List the city/town/village, state/province, and country where you were born.</td>
</tr>
<tr>
<td>19.a. City/Town Village of Birth</td>
</tr>
<tr>
<td>Seoul</td>
</tr>
<tr>
<td>19.b. State/Province of Birth</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>19.c. Country of Birth</td>
</tr>
<tr>
<td>South Korea</td>
</tr>
<tr>
<td>20. Date of Birth (mm/dd/yyyy)</td>
</tr>
<tr>
<td>12/16/1989</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information About Your Last Arrival in the United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.a. Form I-94 Arrival-Departure Record Number (if any)</td>
</tr>
<tr>
<td>1 1 1 1 1 1 1 1</td>
</tr>
<tr>
<td>21.b. Passport Number of Your Most Recently Issued Issued</td>
</tr>
<tr>
<td>123ABC</td>
</tr>
<tr>
<td>21.c. Travel Document Number (if any)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>21.d. Country That Issued Your Passport or Travel Document</td>
</tr>
<tr>
<td>South Korea</td>
</tr>
<tr>
<td>21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)</td>
</tr>
<tr>
<td>12/16/2023</td>
</tr>
<tr>
<td>22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)</td>
</tr>
<tr>
<td>07/13/2018</td>
</tr>
<tr>
<td>23. Place of Your Last Arrival Into the United States</td>
</tr>
<tr>
<td>Los Angeles LAX</td>
</tr>
<tr>
<td>24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)</td>
</tr>
<tr>
<td>F-1 Student</td>
</tr>
<tr>
<td>25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)</td>
</tr>
<tr>
<td>F-1 Student</td>
</tr>
<tr>
<td>26. Student and Exchange Visitor Information System (SEVIS) Number (if any)</td>
</tr>
<tr>
<td>N- 111111111111</td>
</tr>
</tbody>
</table>

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For 12-month Post-Completion OPT, type:
Lowercase “c”, Number “3”, Capital “B”
(c)(3)(B)

REMINDER: Answer all questions fully and accurately. If a question does not apply to you, please type or print “N/A” or “None” unless otherwise directed. Please refer to USCIS I-765 instructions for further guidance.

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**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)(1)(iii), (c)(3)(B)).

28. (c)(5)(C) SIEM OPT Eligibility Category. If you entered the eligibility category (c)(5)(C) in Item Number 27, provide the information requested in Item Numbers 28.a - 18.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)(55) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(55) 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.

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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

2137402666

4. Applicant’s Mobile Telephone Number (if any)

2137402666

5. Applicant’s Email Address (if any)

tommyt@usc.edu

6. [ ] Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

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Read carefully

DO NOT FORGET YOUR SIGNATURE!

Signed by hand in black ink – no typed or electronic signatures allowed

**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 (fingerprint, 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**

1. Applicant's Signature

   

2. Date of Signature (mm/dd/yyyy) 07/17/2018

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

Provide the following information about the interpreter.

**Interpreter's Full Name**

1. Interpreter's Family Name (Last Name)

2. Interpreter's Given Name (First Name)

3. Interpreter's Business or Organization Name (if any)

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USC Office of International Services

Sample I-765 for 12-Month Post-Completion OPT

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**Instructions for “Part 6. Additional Information”**

If you need more space to type your response to any section on the I-765, USCIS has included Part 6 for you to add supplemental information. This is where you should list all SEVIS ID numbers you have had while on F-1, if applicable. When listing all SEVIS IDs, refer to worksheet on first page of these instructions.

**EXAMPLE 1:** Tommy Trojan completed his Bachelor’s at USC on an F-1 visa in 2013. After completing his program, he returned home to South Korea for a few years to work. He returned to USC on a new I-20, with a new SEVIS ID, to complete his Master’s. He is now applying for OPT based on his Master’s. Tommy needs to write his SEVIS ID from when he completed his Bachelor’s, along with his current SEVIS ID, for Part 6.

**Page 3, Part 2, Item Number 26 – type current SEVIS ID**

REM**EMBER TO CHECK “DATE ISSUED” AND “PROGRAM END DATE” ON PAGE 1 OF YOUR I-20. IF YOUR APPLICATION IS RECEIVED BY USCIS MORE THAN 30 DAYS AFTER “DATE ISSUED” AND/OR MORE THAN 60 DAYS AFTER “PROGRAM END DATE” ON PAGE 1, YOUR OPT WILL BE DENIED.

For **EXAMPLE 1**, the explanation is for the SEVIS Number portion from Page 3, Part 2, Item Number 26

Part 6 – Write a short explanation. Include current and previous SEVIS ID’s, degree level, and type of work authorization completed at each degree.
EXAMPLE 2: A student’s first name is listed on her passport as “Bhuvanashree Shantilal Deepika”. Due to length, this name does not fit in Section 1.a. on Page 1.

If you do not have sufficient space on Part 6 for additional information, you will need to attach a separate sheet of paper. On any additional papers, type or print your name and I-94 Admission number 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.

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