

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

USCIS **MUST** receive your post-completion OPT application **NO LATER THAN** 30 days after “Date Issued” on I-20. Failure to meet this deadline **WILL** result in an OPT **denial**.

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

1) OPT I-20 with employment recommendation

- o Example of post-completion OPT employment recommendation on I-20

EMPLOYMENT AUTHORIZATIONS

| TYPE | FULL/PART-TIME | STATUS | START DATE | END DATE |
|---------------------|----------------|-----------|--------------|--------------|
| POST-COMPLETION OPT | FULL TIME | REQUESTED | 08 JULY 2018 | 07 JULY 2019 |

- o 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.
- o 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/>

2) If applicable, all previously issued I-20s from USC, and/or any other schools you have attended in the U.S., with an employment endorsement for:

- o Curricular Practical Training (CPT)
- o Optional Practical Training (OPT)
 - Pre- or Post-Completion
 - 24-Month STEM OPT Extension

3) All previously issued EADs, if applicable:

- o Pre-Completion
- o Post-Completion
- o 24-Month STEM OPT Extension
- o Economic Hardship

REMINDER: 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 _____

DISCLAIMER: This document is intended only as an informational sample. All applicants are responsible for verifying their I-765 is completed in compliance with the instructions published by USCIS (<https://www.uscis.gov/i-765>). Failure to follow these instructions may result in a denial.

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



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

| | | | |
|--------------------|--|-----------|--------------|
| For USCIS Use Only | <input type="checkbox"/> Authorization/Extension Valid From _____ | Fee Stamp | Action Block |
| | <input type="checkbox"/> Authorization/Extension Valid Through _____ | | |

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.

| | | |
|--|--|---|
| To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any). | <input type="checkbox"/> 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 Name _____

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 _____

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.

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

Must match passport

REMINDER: 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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Select 1.a.

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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)
 ▶ A-

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.

Form I-765 05/31/18

Complete 5.a. *only* if you are using someone else's address, such as a friend or family member's, to receive your mail

Mailing address (5.b.-5.f.) may be a US Post Office (PO Box) address

Select "No" if your mailing address is different that your current, physical address

If you answered "No" for 6, complete 7.a.-7.d.

REMINDER: If you are unable to type in any of the provided fields, please **handwrite** your answers in black ink.

Select "No" if you have *never* applied for OPT before. If you have applied for OPT with USCIS in the past, and it was approved, denied, or withdrawn, select "Yes"

Select "No" if you *do not* have a Social Security Number (SSN). If you already have a SSN, select "Yes"

Read carefully

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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.

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

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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
Seoul

19.b. State/Province of Birth

19.c. Country of Birth
South Korea

20. Date of Birth (mm/dd/yyyy) 12/16/1989

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)
▶ 1 1 1 1 1 1 1 1 1 1 1 1

21.b. Passport Number of Your Most Recently Issued Passport
111 123ABC

21.c. Travel Document Number (if any)

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

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 12/16/2023

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 07/13/2018

23. Place of Your Last Arrival Into the United States
Los Angeles LAX

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

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

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
▶ N- 1111111111

Form I-765 05/31/18

Enter the number from your I-94 Record, which can be retrieved here:
<https://i94.cbp.dhs.gov/i94/#/recent-search>

Enter information from I-94 for 22-24

Enter SEVIS number from top left corner of your I-20

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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.

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.

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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.

Select 1.a.

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.

Enter your personal contact information for 3-5

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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.

Read carefully

DO NOT FORGET YOUR SIGNATURE!

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

Applicant's Signature

7.a. Applicant's Signature



7.b. Date of Signature (mm/dd/yyyy)

07/17/2018

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)

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Refer to USCIS instructions for guidance on completing pages 5 & 6

REMEMBER 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.

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.

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
 ▶ N- 1111111111

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. Current and previous SEVIS IDs:
 N111111111 (current, Master's, no CPT); N122222222 (previous, Bachelor's, 6 months full-time CPT, no OPT)

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

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 IDs, degree level, and type of work authorization completed at each degree level.

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

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.

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

Page 1, Part 2, Item Number 1.b. – type as much as can fit

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. First name as listed on passport does not fit in space provided. Full first name is: Bhuvanashree Shantilal Deepika.

For **EXAMPLE 2**, the explanation is for the Given Name (First Name) portion from Page 1, Part 2, and Item Number 1.b.

Part 6– Write a short explanation, and include the Page Number, Part Number, and Item Number being referenced.

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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