IMPORTANT: Starting on August 25, 2020, USCIS will only accept OPT applications filed with the 8/25/20 edition of the Form I-765. USCIS may reject or deny applications filed with the incorrect form.

The most recent edition of the Form I-765 can be found here: https://www.uscis.gov/i-765

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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) **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:**
   - 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

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

- 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

Alien Registration Number

Fee Stamp

Action Block

Select 1.a.

REMEMBER: Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “NONE” unless otherwise directed.

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.
1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name) Trojan
1.b. Given Name (First Name) Tony
1.c. Middle Name N/A

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, select “Additional Information.”

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

REMEMBER: Answer all questions fully and accurately. In each line for all questions that do not apply to you, type or handwrite neatly in black ink:
- “N/A” – for questions that require a written answer
- “NONE” – for questions that require a numerical answer
- Checkboxes – for questions that require a checkbox response, leave blank

The edition date of the Form I-765 is printed here. To avoid rejection or denial due to filing with an outdated form, visit https://www.uscis.gov/i-765 and select “Edition Date” for more information.

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Part 2. Information About You (continued)

Your U.S. Mailing Address

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

5.b. Street Number and Name
   1234 Sample Street


5.d. City or Town
   Los Angeles

5.e. State □ CA 5.f. ZIP Code 90089

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
   5678 Main Street


7.c. City or Town
   Los Angeles

7.d. State □ CA 7.e. ZIP Code 90089

Other Information

8. Alien Registration Number (A-Number) (if any)
   □ A □ NONE

9. USCIS Online Account Number (if any)
   □ NONE

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):

   □

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

Read carefully

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

Read carefully

REMARK: Need more space to type or to explain one or more of your answers? Please refer to the final two pages of these instructions for guidance. Part 6 of the I-765 is for additional information applicants need to clarify for USCIS.

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 [X]
   - 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 [X]
   - 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) Trojan
16.b. Given Name (First Name) John

Mother’s Name
Provide your mother’s birth name.
17.a. Family Name (Last Name) Smith
17.b. Given Name (First Name) Suzy

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
South Korea
18.b. Country
N/A

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

**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
N/A

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)

21.b. Passport Number of Your Most Recently Issued Passport
1111234ABC

21.c. Travel Document Number (if any)
N/A

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: 0000000000

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

As a post-completion OPT (c)(3)(B) applicant, questions 28-31.b. are not applicable and should be completed accordingly

REMINDER: Answer all questions fully and accurately. In each line for all questions that do not apply to you, type or handwrite neatly in black ink:

- “N/A” – for questions that require a written answer
- “NONE” – for questions that require a numerical answer
- Checkboxes – for questions that require a checkbox response, leave the checkboxes blank

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Part 2. Information About You (continued)

If you answered “Yes” to Item Number 30.c., provide the following information:

<table>
<thead>
<tr>
<th>30.d. Date you presented yourself to DHS</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.e. Location where you presented yourself to DHS</td>
<td>N/A</td>
</tr>
<tr>
<td>30.f. Country of claimed persecution</td>
<td>N/A</td>
</tr>
<tr>
<td>30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

NOTE: Refer to the Special Filing Instructions for Those With Pending Asylum Applications (c)(9) section of the Form I-765 Instructions for more information.

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.

   H O N E

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.

Enter "N/A" for 30.d.-30.g.

In OPT application to USCIS, include copies of:
- All previously issued F-1 I-20s* showing work authorization, including CPT and OPT
- Any previously issued EADs while on F-1 status

Use Part 6 to list your SEVIS number(s) and any associated work authorization.

*Only include previously issued F-1 I-20s that show work authorization – no other F-1 I-20 copies are required or necessary

Enter "NONE" for 31.a.

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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. [X] 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.

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.

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Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

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

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

7.b. Date of Signature (mm/dd/yyyy) 08/25/2020

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) N/A

1.b. Interpreter's Given Name (First Name) N/A

2. Interpreter's Business or Organization Name (if any) N/A

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.

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For each Parts 4-5 on Pages 5-6, type or handwrite neatly in black ink:

- "N/A" – for questions that require a written answer

- For questions that require a checkbox or drop-down box response, leave blank

Instructions for “Part 6. Additional Information”

Use Part 6 if you need more space to complete or clarify any responses to questions on the I-765.

EXAMPLE 1: Listing previous/current SEVIS numbers and any prior work authorization (CPT and OPT)

Use Part 6 to provide all previously used SEVIS numbers (if applicable) and evidence of any previously authorized CPT or OPT and the academic level at which it was authorized. Applicants with any previously used SEVIS numbers should use the worksheet from Page 2 of this Sample I-765 for assistance with completing Part 6.

---

**Page 3, Part 2, Item Number 27 – enter (c)(3)(B) as eligibility category for OPT**

Part 6 – Write a short explanation; include current and previous SEVIS numbers, degree level, and type of work authorization completed under each SEVIS number

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EXAMPLE 2: Student name does not fit in space provided

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 in 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; sign and date each sheet.

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