Revised 10/01/2020

USC Office of International Services

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

IMPORTANT: On September 29, 2020, a US federal court issued an injunction against the USCIS fee increase that was expected to go into effect on October 2, 2020. Due to this ruling, USCIS will continue to accept OPT applications filed with the 8/25/20 edition of the Form I-765 and $410 fee until further notice.

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

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Application For Employment Authorization

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

For USCIS Use Only

fee stamp

Action Block

Alien Registration Number

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. 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 any 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.)

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

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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
   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

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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START HERE - Type or print in black ink. 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.
   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, refer to 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. 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

Part 2. Information About You

Your Full Legal Name

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

Form I-765 Edition 08/25/20

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 OPT applications is always at the discretion of USCIS.

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**

<table>
<thead>
<tr>
<th>5.a. In Care Of Name (if any)</th>
<th>Mary Roberts</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.b. Street Number and Name</td>
<td>1234 Sample Street</td>
</tr>
<tr>
<td>5.d. City or Town</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>5.e. State □ CA □ Zip Code</td>
<td>90089</td>
</tr>
</tbody>
</table>

**U.S. Physical Address**

| 7.a. Street Number and Name   | 5678 Main Street |
| 7.c. City or Town             | Los Angeles    |
| 7.d. State □ CA □ 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).
   □ NONE

### 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.e; if you answered “Yes” type or handwrite in black ink “N/A” in each line, and leave the checkboxes and dropdown selections blank

### Most F-1 students do not have an Alien Registration Number (A-Number) or USCIS Online Account Number, and should type or handwrite in black ink “NONE” for 8-9 if not applicable

### 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

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

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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

REMINDER: 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.

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

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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.

19a. City/Town/Village of Birth
   - Seoul

19b. State/Province of Birth
   - N/A

19c. Country of Birth
   - South Korea

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

### Information About Your Last Arrival in the United States

21a. Form I-94 Arrival-Departure Record Number (if any)
   - 1111234ABC

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

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

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

21e. 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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Part 2. Information About You (continued)

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

30.d. Date you presented yourself to DHS

Enter “N/A” for 30.d.-30.g.

30.e. Location where you presented yourself to DHS

N/A

30.f. Country of claimed persecution

N/A

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.

N/A

NOTE: Refer to the Special Filing Instructions for Those With Pending Asylum Applications (c)(6) 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.

Enter “NONE” for 31.a.

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.

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

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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 any USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.
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
[Signature]

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)
[Last Name]

1.b. Interpreter's Given Name (First Name)
[First Name]

2. Interpreter's Business or Organization Name (if any)
[Name]

DO NOT FORGET YOUR SIGNATURE!

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

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.
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.

**Information About Your Eligibility Category**

27. Eligibility Category. Refer to the Who May File Form I-175 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, (c)(3)(B)).

   - (c)(3)(B)

**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 fill 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)

   - Trojan

1.b. Given Name (First Name)

   - Tommy

1.c. Middle Name

   - N/A

2. A-Number (if any)

   - A-

3.a. Page Number

   - 3

3.b. Part Number

   - 2

3.c. Item Number

   - 27

3.d. Current and previous SEVIS IDs:

   - N111111111 (current, Master’s, no CPT); N1222222222 (previous, Bachelor’s, 6 months full-time CPT, no OPT)

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

For **EXAMPLE 1**, the explanation is for the eligibility category from Page 3, Part 2, Item Number 27

**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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