IMPORTANT: USCIS will only accept STEM OPT Extension applications filed with the 8/25/20 edition of the Form I-765. U.S. federal court has temporarily stopped implementation of the Form I-765 changes and fee adjustments that were expected to go into place on 10/2/2020. Read the court's order here. As of 10/1/2020, USCIS will continue to accept the $410 fee and 8/25 edition of Form I-765, regardless of postmarked date.

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

---

**Application For Employment Authorization**

<table>
<thead>
<tr>
<th>USCIS Form I-765</th>
<th>OMB No.: 1615-0046</th>
<th>Expires 05/31/2022</th>
</tr>
</thead>
</table>

- **For USCIS Use Only**
  - Authorization/Extension Valid From
  - Authorization/Extension Valid Through
  - Alien Registration Number
  - Remarks

- **Fee Stamp**

- **Action Block**

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):
  - Initial permission to accept employment.
  - 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.
  - 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**

- Family Name (Last Name)
- Given Name (First Name)
- Middle Name

**Other Names Used**

- Family Name (Last Name)
- Given Name (First Name)
- Middle Name

**Additional Information**

- If you need extra space to complete this section, use the space provided in Part 6.

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](https://www.uscis.gov/i-765)). Failure to follow these instructions may result in a denial.
Prior to completing the I-765, please be sure you have copies of the following documents:

1) **STEM OPT Extension I-20 with employment recommendation**
   - Example of STEM OPT Extension employment recommendation on I-20
   - Remember to check the expiration date of your OPT EAD and “Date Issued” on Page 1 of your STEM OPT Extension I-20. If your application is received by USCIS after the expiration of your OPT EAD and/or more than 60 days after “Date Issued” on Page 1, your STEM OPT Extension will be denied.
   - If you do not have an I-20 with STEM OPT Extension information **DO NOT CONTINUE**. Please follow the instructions for requesting a STEM OPT Extension I-20 here: [https://ois.usc.edu/employment/employment-f1/opt/opt-stem/](https://ois.usc.edu/employment/employment-f1/opt/opt-stem/)

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 – current OPT EAD **must still be valid and not expired**
   - 24-Month STEM OPT Extension
   - Economic Hardship

---

**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](https://www.uscis.gov/i-765)). Failure to follow these instructions may result in a denial.
**Sample I-765 for 24-Month STEM OPT Extension**

**Application For Employment Authorization**

<table>
<thead>
<tr>
<th>For USCIS Use Only</th>
<th>Fee Stamp</th>
<th>Action Block</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authorization/Extension Valid From</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Authorization/Extension Valid Through</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Alien Registration Number**

**Remarks**

---

**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

1. **Family Name** (Last Name)
2. **Given Name** (First Name)
3. **Middle Name**
4. **Family Name** (Last Name)
5. **Given Name** (First Name)
6. **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 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.)

**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 N/A

---

**Select 1.c.**

**Must match passport**

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](https://www.uscis.gov/i-765) and select “Edition Date” for more information.

**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](https://www.uscis.gov/i-765)). Failure to follow these instructions may result in a denial.
Part 2. Information About You (continued)

Your U.S. Mailing Address

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

5.b. Street Number and Name
1234 Sample Street

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

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  [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.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  [X] Female

11. Marital Status

[ ] 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.

13.b. Provide your Social Security number (SSN) (if known)

[ ] 1 1 1 1 1 1 1 1 1

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

Select “No” only 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 “Yes”

Select “Yes” – you should already have your SSN

Read carefully

Enter SSN here

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.
Select "No"

Read carefully

Since you already have an SSN, 15-17.b. are not applicable – leave checkboxes blank and type or handwriting in black ink "N/A" for 16.a.-17.b.

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

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

- "NONE" – for questions that require a numerical answer
  
  | NONE |

- Checkboxes – for questions that require a checkbox response, leave the checkboxes blank
  
  | Yes | No |

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

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**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) | N/A |

16.b. Given Name (First Name) | N/A |

**Mother’s Name**

Provide your mother’s birth name.

17.a. Family Name (Last Name) | N/A |

17.b. Given Name (First Name) | N/A |

**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 | Sweden |

18.b. Country | N/A |
### 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  

    Stockholm  

19.b. State/Province of Birth  

    N/A  

19.c. Country of Birth  

    Sweden  

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

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  

    Sweden  

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-000000000

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**REMARKER:** 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.

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For STEM OPT Extension, type: Lowercase “c”, Number “3”, Capital “C” (c)(3)(C)

For 28.a., type: STEM-Eligible Degree Level and Major

Degree Level: Bachelor’s (BS), Master’s (MS), or doctorate (PhD)

Major: As printed on diploma

EXAMPLE: Tanya Trousdale received her Master of Science in Chemistry. She would write “MS Chemistry”.

Enter E-Verify number, not EIN

As a STEM OPT Extension (c)(3)(C) applicant, questions 29-31.b. are not applicable - leave checkboxes blank and type or handwrite in black ink “NONE” for 29 and 31.b.

REMINDER: Check that the CIP code on your I-20 matches a code on the list of STEM-eligible degrees published by USCIS (https://www.ice.gov/sites/default/files/documents/Document/2016/stem-list.pdf). If you do not have an I-20 with a STEM-eligible CIP code, DO NOT CONTINUE. Contact OIS immediately for additional 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)(ii)).

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 [MS Chemistry]

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, provide the information requested in Item Numbers 30.a. - 30.g.

30.a. Have you EVER been arrested, and/or charged with, and/or convicted of any crime in any country? □ Yes □ No

NOTE: If you answered “Yes” to Item Number 30.a., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(9) of the Form I-765 Instructions for information about providing court dispositions.

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer “Yes,” you MUST provide evidence of your lawful entry.) □ Yes □ No

30.c. If you answered “No” to Item Number 30.b., did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry and express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country? □ Yes □ No
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

N/A

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.

NONE

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 disposition.

In STEM OPT Extension application to USCIS, include copies of:

1. All previously issued F-1 I-20s* showing work authorization, including CPT and OPT

2. 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

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.
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

R/A

a language in which I am fluent, and I understood everything.

2. **☐** At my request, the preparer named in Part 5,

R/A

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)

tanyat@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 benefits 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.

Select 1.a.
Enter personal information for 3-5

Read carefully
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 (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

7.a. Applicant's Signature

[TanjaCromarle]

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)

[A]

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

[A]

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

[A]

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

DO NOT FORGET YOUR SIGNATURE!

REMEMBER TO CHECK OPT END DATE ON EAD AND “DATE ISSUED” ON PAGE 1 OF STEM OPT EXTENSION I-20.

If your application is received by USCIS after the expiration of your OPT EAD and/or more than 60 days after “Date Issued” on Page 1, your STEM OPT Extension will be DENIED.

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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-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, (c)(1)(iii))

**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
   Trojan
1.b. Given 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); N122222222 (previous, Bachelor's, 6 months full-time CPT, no 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 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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