#### Note: highlighted sections are mandatory to fill out

### 24 Month STEM OPT Guide Application For Employment Authorization

**Department of Homeland Security** U.S. Citizenship and Immigration Services USCIS Form I-765 OMB No. 1615-0040 Expires 07/31/2022

	Authorization/Extension Valid From	Fee Stamp		Action Block		
For USCIS Use	Authorization/Extension Valid Through					
Only						
	Remarks					
Board acci	e completed by an atto of Immigration Appeared ited representative (	s box if Form G-28 d.	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.	Part 1. Reason for Applying Other Name			s Used		
I am applying for (select only one box):			Provide all other names you have ever used, including aliases,			
<b>1.a.</b> Initial permission to accept employment.			maiden name, and nicknames. If you need extra space to complete this section, use the space provided in <b>Part 6</b> .			
<b>1.b.</b> Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document <b>NOT DUE</b> to       Additional Information. <b>2.a.</b> Family Name (Last Name)				rmation.		

2.b. Given Name

2.c.

3.a.

**3.b.** 

**4.a.** 

**4.b.** 

4.c.

(First Name)

Middle Name

Family Name

(Last Name)

Given Name

(First Name)

Family Name

(Last Name) Given Name

(First Name)

Middle Name

3.c. Middle Name

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

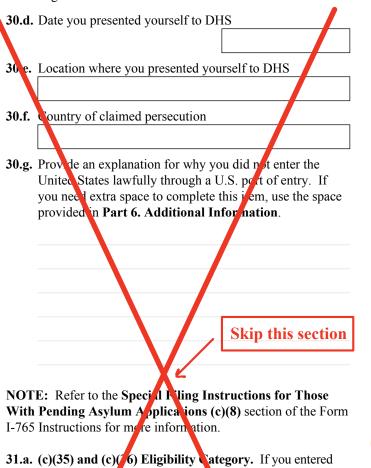


Part 2. Information About You (continued)	14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to <b>Item Number 15.</b> ,
Your U.S. Mailing Address (USPS ZIP Code Lookup)	Consent for Disclosure, to receive a card.)
<ul><li>5.a. In Care Of Name (if any)</li><li>5.b. Street Number</li></ul>	<b>NOTE:</b> If you answered "No" to <b>Item Number 14.</b> , skip to <b>Part 2.</b> , <b>Item Number 18.a.</b> If you answered "Yes" to <b>Item Number 14.</b> , you must also answer "Yes" to <b>Item</b>
5.b. Street Number and Name	Number 15.
5.c.         Apt.         Ste.         Flr.           5.d.         City or Town	Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required by the purpose of assigning me an SSN and issuing me a Social Security card.
5.e. State 5.f. ZIP Code	NOTE. If you answered "Yes" to Item Numbers
6. Is your current mailing address the same as your physical address?	14 15., provide the information requested in Item Numbers 16.2 17.b.
<b>NOTE:</b> If you answered "No" to <b>Item Number 6.</b> , provide your physical address below.	Father's Name
provide your physical address below.	Provide your father's birth name.
U.S. Physical Address	16.a. Family Name (Last Name)
7.a. Street Number and Name	16.b. Given Name (First Name)
<b>7.b.</b> Apt. Ste. Flr.	Mother's Name
7.c. City or Town	Provide your mother's birth name.
7.d. State   7.e. ZIP Code	17.a. Family Name (Lest Name)
Other Information	17.b. Given Name (First Name)
<ul> <li>8. Alien Registration Number (A-Number) (if any)</li> <li>► A-</li> </ul>	Your Country or Countries of Citizenship or Nationality
9. USCIS Online Account Number (if any)	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 <b>Part 6. Additional Information</b> .
10. Gender   Male   Female	18.a. Country
11. Marital Status	
Single Married Divorced Widowed	18.b. Country
12. Have you previously filed Form I-765?         ▼ Yes	
<ul> <li>13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?</li> <li>✓ Yes □ No</li> </ul>	
<b>NOTE:</b> If you answered "No" to <b>Item Number 13.a.</b> , skip to <b>Item Number 14.</b> If you answered "Yes" to <b>Item Number 13.a.</b> , provide the information requested in <b>Item Number 13.b.</b>	
<b>13.b.</b> Provide your Social Security number (SSN) (if known).	

Par	t 2. Information About You (continued)	Infe	ormation About Your Eligibility Category
List t	the city/town/village, state/province, and country where were born.	27.	<b>Eligibility Category.</b> Refer to the <b>Who May File Form</b> <b>I-765</b> 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
	City/Town/Village of Birth	STEDA	category below (for example, (a)(8), (c)(17)(iii)).
17.a.			Extension eligibility category ( C) ( 3) ( C)
	State/Province of Birth	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.
19.c.	Country of Birth	28.a.	Degree Enter degree level then major. Ex: Masters in Mechanical Engineering
		28.b.	Employer's Name as Listed in E-Verify
20.	Date of Birth (mm/dd/yyyy)		
•	ormation About Your Last Arrival in the ted States	28.c.	Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
21.a.	Form I-94 Arrival-Departure Record Number (if any)	• 20	
		29.	(c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt
21.b.	Passport Number of Your Most Recently Issued Passport		number of your H-1B spouse's most recent Form I-79 Notice for Form I-129, Petition for a Nonimmigrant Worker.
21.c.	Travel Document Number (if any)	]	
		30.	(c)(8) Eligibility Category If you entered the eligibility
21.d.	Country That Issued Your Passport or Travel Document		category (c)(8) in Item Number 27., provide the
		20 -	information requested in <b>Item Number 30.a 30.g.</b>
21.e.	Expiration Date for Passport or Travel Document (mm/dd/yyyy)	<b>30.a</b> .	Have you <b>EV:R</b> been arrested for, and/or charged with, and/or convicted of any crime in any country?
			🗌 Yes 🗌 No
22.	Date of Your Last Arrival Into the United States, On or         About (mm/dd/yyyy)		<b>NOTE:</b> If you answered "Yes" to <b>Item Number 30.a.</b> , refer to <b>Special Filing Postructions for Those With</b>
23.	Place of Your Last Arrival Into the United States		<b>Pending Asylum Applications (c)(8)</b> of the Form I-765 Instructions for information about providing court
			dispositions.
24.	Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)	30.b.	Did you enter the Onited States hwfully through a U.S. port of entry and were you inspected and admitted or
	F-1 Student		paroled after i spection by an immigration officer? (If you answer Yes," you <b>MUST</b> provide evidence of your
25.	Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)		lawful enty.)
	<b>F-1 Student</b>	30.c.	If you answered "No" to <b>Item Number 30.b.</b> , did you present yourself to the Secretary of Homeland Security or
26.	Student and Exchange Visitor Information System (SEVIS) Number (if any) ► N-		bis or her delegate (DHS) within 48 hours of entry or attempted entry AND express an intention to seek a vlum within the United States or express a fear of persecution or torture in your home country?
	Number on top of I-20	•	Skip this section

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

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



the eligibility category (c)(35) in Item Number 27., please provide the receipt number of you. 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-100.

31.b. If you entered the eligibility category (c)(3.2) or (c)(36) in Item Number 27., have you EVER been arristed for and/or convicted of any crime?
Yes

**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.

#### 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
  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
  - 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.

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

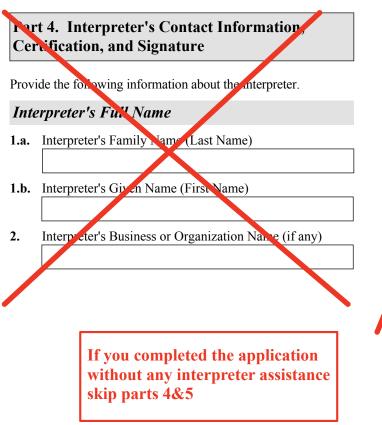
I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 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		Must be signed in		
7.a.	Applicant's Signature	black ink		
7.b.	Date of Signature (mm/de	d/yyyy)		

**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 Interpreter's Mailing Address 3.a. Street Number nd Name **3.b.** Apt. Ste. Flr. City r Town 3.c. **3.d.** State **3.e.** ZIP Code Province 3.f. Postal Code 3.g. 3.h. Country Interpreter's Contact Information 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (f any) Interpreter's Certification

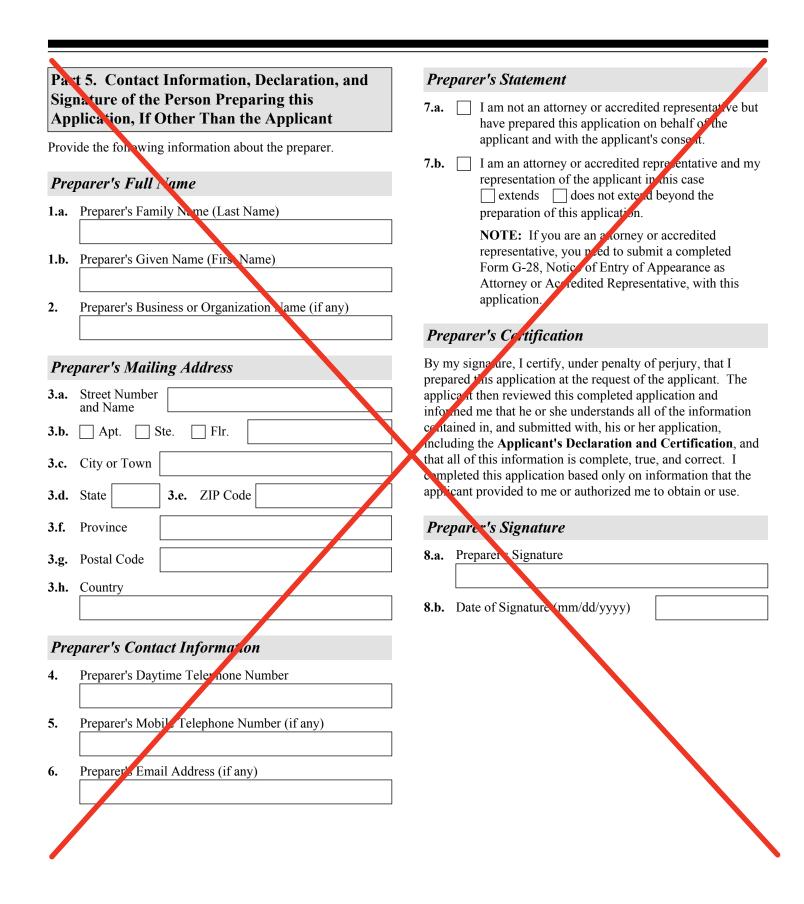
I certify, under peneity of perjury, that:

I am fluent in English and \_\_\_\_\_\_, which is the same language specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

## Interpreter's Signature

7.a. Interpreter's Signature

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



Utilize this section only if you need additio	nal		
space for any of the above sections			

Pa	rt 6. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withis space comp of pa top of <b>Item</b>	a need extra space to provide any additional information n this application, use the space below. If you need more than what is provided, you may make copies of this page to blete and file with this application or attach a separate sheet per. Type or print your name and A-Number (if any) at the f each sheet; indicate the <b>Page Number</b> , <b>Part Number</b> , and <b>Number</b> to which your answer refers; and sign and date sheet.	5.d.					
<b>1.a.</b>	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	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.		6.d.					
<b>4.</b> a.	Page Number   4.b.   Part Number   4.c.   Item Number	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.d.		7.d.					