Sample I-765

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

I-765, Application For Employment Authorization

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
			Relocated	
			Received	Sent
			Completed	

☐ Application Approved
☐ Authorization/Extension Valid From _____
☐ Authorization/Extension Valid To _____

☐ Application Denied - Failed to establish:
☐ Eligibility under 8 CFR 274a.12 (a) or (c)
☐ Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)

Approved	Denied
A#	

Subject to the following conditions: _____
☐ Applicant is filing under section 274a.12 _____

If this is your first application for OPT at your current academic level, check here →

I am applying for:
☐ Permission to accept employment.
☐ Replacement (of lost employment authorization document).
☐ Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).

Section 1: Name as it appears on passport/I-20 →

1. **Full Name**
   (Family Name) (First Name) (Middle Name)

Section 2: If no other legal name, write "NONE" →

2. **Other Names Used** (include Maiden Name)

Section 3: Address should be valid for at least 3 months into the future. If using an address other than your own, make sure to include your name in the mailbox and use c/o friend's name, address →

3. **U.S. Mailing Address**
   (Street Number and Name) (Apt. Number)
   (Town or City) (State) (ZIP Code)

4. **Country of Citizenship or Nationality**

5. **Place of Birth**
   (Town or City) (State/Province) (Country)

6. **Date of Birth** (mm/dd/yyyy)

7. **Gender** ☐ Male ☐ Female

8. **Marital Status**
   ☐ Married ☐ Single ☐ Divorced ☐ Widowed

9. **Social Security Number** (Include all numbers you have ever used, if any)

10. **Alien Registration Number (A-Number) or Form I-94 Number** (if any)

Section 11: Select "Yes" if you have previously submitted an I-765 before and received a receipt. →

11. **Have you ever before applied for employment authorization from USCIS?**
    ☐ Yes (Complete the following questions.)
    Which USCIS Office? Dates
    Results (Granted or Denied - attach all documentation)
    ☐ No (Proceed to Question 12.)

If "Yes" in section 11, complete this part of the form. Indicate appropriate service center (Vermont, Nebraska, Texas, California). Look at your EAD card for dates. If "NO" in section 11, indicate "N/A" →

12. **Date of Last Entry into the U.S., on or about** (mm/dd/yyyy)

13. **Place of Last Entry into the U.S.**

14. **Status at Last Entry** (B-2 Visitor, F-1 Student, No Lawful Status, etc.)

15. **Current Immigration Status** (Visitor, Student, etc.)

Section 16: Students must enter code (c) (3) (B) for Post-OPT →

16. **Eligibility Category.** Go to the "Who May File Form I-765?" section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.
    ( ) ( ) ( )

Section 17: Indicate "N/A" on all 3 lines (to be used when applying for a STEM extension only) →

17. **(c)(3)(C) Eligibility Category.** If you entered the eligibility category (c)(3)(C) in Question 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.
    Degree   Employer's Name as listed in E-Verify
    Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

18. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in Question 16 above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.

Section 18: Indicate "N/A" →

Applicant's Signature
I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in Question 16.

Signature
Date of Signature (mm/dd/yyyy)
Telephone Number

Applicant's Signature: Recommended to sign in blue ink, do not type →

Signature of Person Preparing Form, If Other Than Applicant
I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Signature
Date of Signature (mm/dd/yyyy)
Printed Name
Address

Form I-765 02/13/15 Y