This guide will help you complete Form I-765: Application for Employment Authorization, which you will print and submit to U.S. Citizenship and Immigration Services (USCIS) as part of your OPT application packet. Please refer to the ISSS F-1 OPT Application Checklist for the full list of required documentation.

If you are applying for the STEM OPT Extension, please refer to our separate Form I-765 Visual Completion Guide for STEM OPT Applicants.

Tips and Reminders

1. To ensure that you are using the most recent version of Form I-765, please download the form from the USCIS website at: https://www.uscis.gov/i-765.

2. This guide is a general overview of Form I-765 and should not be taken as official legal guidance. Your form may look different from our sample depending on your specific situation.

3. Please type your responses to each question. Where it is not possible to type, or where your response exceeds the character limit, clearly hand-write your answers in black ink.*

4. Some questions may not apply to you. For such questions, write “N/A” or “NONE” in black ink on the printed form unless otherwise directed.

5. Include all pages of Form I-765 along with your application (even blank pages). Do not print double-sided.

6. You must sign the document in black ink.* E-signatures are not acceptable!

7. If you need more detail on a particular question, please see USCIS’ line-by-line Form I-765 Instructions.

8. ISSS is not responsible for any errors, inaccuracies, or incomplete information supplied on your Form I-765.

* If you already submitted your I-765 with blue ink, there is no need to re-submit or take any action.
Check **only** this box for pre- or post-completion OPT.

Enter your name **as it appears on your passport**. Make sure your first and last name are listed in the correct order!

Leave this blank if you do not have a middle name. **Do not write N/A.**

Write **None** or **N/A** in each field if you have not used another name.

Be sure a **barcode** appears at the bottom of each page of your Form I-765.
This is where USCIS will send your Receipt Notice, Approval Notice, and EAD. **Make sure you will be able to receive mail at this address for at least 4-5 months.** Double-check the USPS ZIP code [here](#).

If you will use a **reliable family member or friend’s address**, enter their full name in 5.a. Leave blank if using own address.

If your **mailing address** (5.b.–5.e.) is the same as your **physical address** (where you are living now), select “Yes” and leave 7.a.–7.d. blank. Otherwise, fill out 7.a.–7.d.

If you have a previous EAD card, this number will be listed under “USCIS #.” Write **NONE** if you have never received an EAD.

If **Yes**, include copies of previous EADs with your application or provide an explanation in Part 6 (“Additional Information”).

If **Yes** (you have been issued a Social Security Card): Complete 13.b. and 14., leave 15-17 blank.

If **No** (no Social Security Card): Leave 13.b. blank; answer **Yes** to 14.-15., complete 16. and 17.

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

#### Your U.S. Mailing Address

- **5.a. In Care Of Name (if any)**
  - USA
- **5.b. Street Number and Name**
  - 3925 Walnut St
- **5.c. Apt. Ste. Flr.**
  - 24
- **5.d. City or Town**
  - Philadelphia
- **5.e. State**
  - PA
- **5.f. ZIP Code**
  - 19104

#### U.S. Physical Address

- **7.a. Street Number and Name**
- **7.c. City or Town**
- **7.d. State**
- **7.e. ZIP Code**

#### Other Information

- **8. Alien Registration Number (A-Number) (if any)**
  - A- NONE
- **9. USCIS Online Account Number (if any)**
  - NONE
- **10. Gender**
  - Male
- **11. Marital Status**
  - Single
- **12. Have you previously filed Form I-765?**
  - Yes
- **13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?**
  - Yes
- **13.b. Provide your Social Security number (SSN) (if known).**

#### 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**
  - Latvia
- **18.b. Country**
  - N/A

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Answer **Yes** on 14. if you have never had a Social Security Card or need a replacement.

You **must** complete 16.-17. if you answered Yes on 14.-15.

Provide at least one country where you are a citizen. Do not leave it blank.
Double-check that you entered your birth date in the correct order (month/date/year).

You can find this number on your most recent I-94 at https://i94.cbp.dhs.gov/I94.

Fill out 21.c. if you have an international travel document other than a passport.

You can find this date on your most recent I-94 at https://i94.cbp.dhs.gov/I94.

Include the exact location of your arrival (airport name, pre-clearance location, etc.).

Found in the top left corner of your most recent I-20.

Pre-Completion OPT: (c)(3)(A)

Post-Completion OPT: (c)(3)(B)

STEM OPT Extension: (c)(3)(C)

Complete 28.a.-c. only if you are applying for the STEM OPT Extension. Refer to our STEM OPT I-765 Guide.

This section is only to be completed by Eligibility Category (c) (26) – Spouse of an H-1B Nonimmigrant. Do not fill out.

You can find this number on your most recent I-94 at https://i94.cbp.dhs.gov/I94.

Fill out 21.c. if you have an international travel document other than a passport.

You can find this date on your most recent I-94 at https://i94.cbp.dhs.gov/I94.

Include the exact location of your arrival (airport name, pre-clearance location, etc.).

Found in the top left corner of your most recent I-20.
### 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.

### 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 understand 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: 2671234567

4. Applicant's Mobile Telephone Number (if any): 2671234567

5. Applicant's Email Address (if any): artemr@ias.upenn.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.

Hand-write N/A in each field for this section.

Be sure to check the box in 1.a. confirming that you can read and understand English.

If someone else (e.g., an attorney) helped you prepare Form I-765, hand-write their name here.

Provide a U.S. phone number where you can be reached (mobile number is acceptable).

Ensure that this email address will be valid for 4-5 months while your application is being adjudicated.
Print and sign in black ink. Make sure your signature fits entirely within the box provided.

**No e-signatures!**

Leave Part 4 blank **unless you have been assisted by an interpreter** in filling out Form I-765.

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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 is 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

7.b. Date of Signature (mm/dd/yyyy) **03/01/2021**

**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.

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### 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)

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

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

#### Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and **N/A**, 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

7.b. Date of Signature (mm/dd/yyyy) **N/A**
Leave this entire section **blank** unless someone (e.g., an attorney or caretaker) has helped you prepare Form I-765.

Include this page in your application, even if it is blank!

### Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

<table>
<thead>
<tr>
<th>Preparer's Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.a. Preparer's Family Name (Last Name)</td>
</tr>
<tr>
<td>1.b. Preparer's Given Name (First Name)</td>
</tr>
<tr>
<td>2. Preparer's Business or Organization Name (if any)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparer's Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.a. Street Number and Name</td>
</tr>
<tr>
<td>3.c. City or Town</td>
</tr>
<tr>
<td>3.d. State</td>
</tr>
<tr>
<td>3.e. ZIP Code</td>
</tr>
<tr>
<td>3.f. Province</td>
</tr>
<tr>
<td>3.g. Postal Code</td>
</tr>
<tr>
<td>3.h. Country</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparer's Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Preparer's Daytime Telephone Number</td>
</tr>
<tr>
<td>5. Preparer's Mobile Telephone Number (if any)</td>
</tr>
<tr>
<td>6. Preparer's Email Address (if any)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparer's Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.</td>
</tr>
<tr>
<td>7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends.</td>
</tr>
</tbody>
</table>

**NOTE:** If you are an attorney or accredited representative, you need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

<table>
<thead>
<tr>
<th>Preparer's Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparer's Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.a. Preparer's Signature</td>
</tr>
<tr>
<td>8.b. Date of Signature (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>
**Part 6** is a space for you to provide information about **previous OPT/CPT authorizations**, previous SEVIS numbers, additional citizenship countries, etc. Include the exact page, part, and item numbers for each question. If you do not need this page, hand-write “N/A” across this section.

**Previous OPT and CPT authorizations** refer to **Page 3, Part 2, Item 27**.

**For CPT**, include the employer name, full- or part-time status, dates, degree level, and SEVIS ID.

**For OPT**, include the type (pre-completion or post-completion), full- or part-time status, dates, degree level, and SEVIS ID.

**Previous SEVIS ID numbers** refer to **Page 3, Part 2, Item 26**.

**For previous SEVIS ID numbers**: Include the previous SEVIS ID number, name of the institution, degree level, and program start and end date.

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For CPT:
- **CPT, Amazon**, Part-time
  - **5/31/2018 - 9/1/2018**
  - **Master’s**
  - **N00123456789**

For OPT:
- **Pre-Completion OPT, Full time**
  - **6/1/2019 - 8/27/2019**
  - **Master’s**
  - **N00123456789**

For previous SEVIS ID numbers:
- **Previous SEVIS Number**
  - **N00987654321**
  - **DePaul University**
  - **Bachelor’s**
  - **8/15/2014 - 5/21/2018**