

Form I-765 Visual Completion Guide: Pre- and Post-Completion Optional Practical Training (OPT)

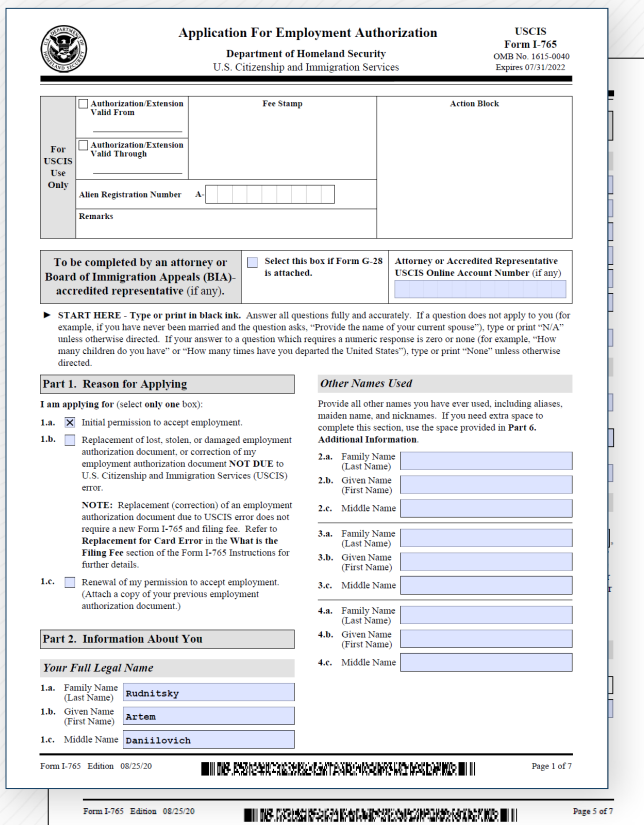
Updated March 2021.

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.



The image shows a sample of the Form I-765 Application for Employment Authorization. The form is titled "Application For Employment Authorization" and "USCIS Form I-765". It includes sections for "Part 1. Reason for Applying" and "Part 2. Information About You". The sample form is filled out with the following information:

- Part 1. Reason for Applying:**
 - 1.a. ☒ Initial permission to accept employment.
 - 1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of any error.
 - 1.c. ☐ Renewal of any permission to accept employment.
- Part 2. Information About You:**
 - 2.a. Family Name (Last Name): Rudnitsky
 - 2.b. Given Name (First Name): Artem
 - 2.c. Middle Name: Danilovich

Note: All names, contact information and other biographical details provided in this sample are for demonstration purposes only. Any resemblance to actual persons at Penn or otherwise is purely coincidental.

* If you already submitted your I-765 with blue ink, there is no need to re-submit or take any action.



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

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through		
	Alien Registration Number A-		
	Remarks		
To be completed by an attorney or Board of Immigration Appeals (BIA)- accredited representative (if any).		<input type="checkbox"/> 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 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) **Rudnitsky**
- 1.b. Given Name (First Name) **Artem**
- 1.c. Middle Name **Daniilovich**

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.

- 2.a. Family Name (Last Name) **N/A**
- 2.b. Given Name (First Name) **N/A**
- 2.c. Middle Name **N/A**
- 3.a. Family Name (Last Name) **N/A**
- 3.b. Given Name (First Name) **N/A**
- 3.c. Middle Name **N/A**
- 4.a. Family Name (Last Name) **N/A**
- 4.b. Given Name (First Name) **N/A**
- 4.c. Middle Name **N/A**

Check **only** this box for pre- or post-completion OPT.

Check **only** this box for the STEM OPT extension. Refer to our [STEM OPT I-765 guide](#).

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.

Part 2. Information About You (continued)

Your U.S. Mailing Address (USPS ZIP Code Lookup)

- 5.a. In Care Of Name (if any)
N/A
- 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
6. Is your current mailing address the same as your physical address? ☒ Yes ☐ 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
- 7.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 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 ☐ 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).
▶

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15., **Consent for Disclosure**, to receive a card.) ☒ Yes ☐ No

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) Rudnitsky
- 16.b. Given Name (First Name) Daniil

Mother's Name

Provide your mother's birth name.

- 17.a. Family Name (Last Name) Rudnitskaya
- 17.b. Given Name (First Name) Marina

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

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.

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

Daugavpils

19.b. State/Province of Birth

19.c. Country of Birth

Latvia

20. Date of Birth (mm/dd/yyyy)

02/17/1999

Information About Your Last Arrival in the United States

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

▶ 1 2 3 4 5 6 7 8 9 1 2

21.b. Passport Number of Your Most Recently Issued Passport

123456789

21.c. Travel Document Number (if any)

N/A

21.d. Country That Issued Your Passport or Travel Document

Latvia

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

06/09/2026

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

11/10/2020

23. Place of Your Last Arrival Into the United States

IAD Washington DC

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- 00123456789

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)(iii)).

(c) (3) (B)

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

N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

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.

▶ N/A

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 for, 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)(8)** 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

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.



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

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)(8) 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.

► N/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.

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

2. ☐ At my request, the preparer named in Part 5.,
 N/A
 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@sas.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.

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.



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

→ 

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.

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)

N/A

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

N/A

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

N/A

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name

N/A

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

3.c. City or Town

N/A

3.d. State

3.e. ZIP Code

N/A

3.f. Province

N/A

3.g. Postal Code

N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

5. Interpreter's Mobile Telephone Number (if any)


N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty 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

N/A

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

N/A

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.



Leave this entire section **blank** unless someone (e.g., an attorney or care-taker) 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.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

Preparer's Statement

- 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.
- 7.b. ☐ I am an attorney or accredited representative and my representation of the applicant in this case ☐ extends ☐ does not extend beyond the preparation of this application.

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.

Preparer's Certification

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.

Preparer's Signature

- 8.a. Preparer's Signature
- 8.b. Date of Signature (mm/dd/yyyy)



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.

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 (Last Name) **Rudnitsky**

1.b. Given Name (First Name) **Artem**

1.c. Middle Name **Daniilovich**

2. A-Number (if any) ▶ A- **N/A**

3.a. Page Number **3** 3.b. Part Number **2** 3.c. Item Number **27**

3.d. **CPT, Amazon, Part-time**
5/31/2018 - 9/1/2018
Master's
N00123456789

Pre-Completion OPT, Full time
6/1/2019 - 8/27/2019
Master's
N00123456789

4.a. Page Number **3** 4.b. Part Number **2** 4.c. Item Number **26**

4.d. **Previous SEVIS Number**
N00987654321
DePaul University
Bachelor's
8/15/2014 - 5/21/2018

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

Use these boxes if you need additional space to enter previous SEVIS ID numbers, CPT/OPT authorizations, citizenship countries, etc. Leave **blank** otherwise.

