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 STEM OPT application packet. Please refer to the ISSS STEM OPT Application Checklist for the full list of required documentation.

If you are **not** applying for STEM OPT, please see our Form I-765 Visual Completion Guide for Pre- and Post Completion OPT.

### 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, please **write “N/A” 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.
<table>
<thead>
<tr>
<th>Part 1. Reason for Applying</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am applying for (select only one box):</td>
</tr>
<tr>
<td>1.a. Initial permission to accept employment.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Names Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.a. Family Name (Last Name)</td>
</tr>
<tr>
<td>2.b. Given Name (First Name)</td>
</tr>
<tr>
<td>2.c. Middle Name</td>
</tr>
<tr>
<td>3.a. Family Name (Last Name)</td>
</tr>
<tr>
<td>3.b. Given Name (First Name)</td>
</tr>
<tr>
<td>3.c. Middle Name</td>
</tr>
<tr>
<td>4.a. Family Name (Last Name)</td>
</tr>
<tr>
<td>4.b. Given Name (First Name)</td>
</tr>
<tr>
<td>4.c. Middle Name</td>
</tr>
</tbody>
</table>

**STEM OPT applicants should check only this box.**

**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.

This number will be listed under **USCIS #** on your current OPT EAD card.

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 and do not need a replacement): Enter your SSN in 13.b., answer “No” to 14., leave 15.-17. blank.

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

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

<table>
<thead>
<tr>
<th>Part 2. Information About You (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you answered “Yes” to Item Number 30.c., provide the following information:</td>
</tr>
<tr>
<td>30.d. Date you presented yourself to DHS</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>30.e. Location where you presented yourself to DHS</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>30.f. Country of claimed persecution</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>2. [ ] At my request, the preparer named in Part 5. prepared this application for me based only upon information I provided or authorized.</td>
</tr>
</tbody>
</table>

**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. [ ] I am 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 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.

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**Applicant’s Signature**

7.a. Applicant’s Signature

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

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No e-signatures!

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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)

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**Interpreter’s Mailing Address**

3.a. Street Number and Name


3.c. City or Town


3.f. Province

3.g. Postal Code

3.h. Country

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**Interpreter’s Contact Information**

4. Interpreter’s Daytime Telephone Number

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

6. Interpreter’s Email Address (if any)

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**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.

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**Interpreter’s Signature**

7.a. Interpreter’s Signature

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

If you could not fit your full degree level and major name in 28.a., you can write it here.

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