



UNIVERSITY OF SAN FRANCISCO
CHANGE THE WORLD FROM HERE

I-765 Instructions

Regular and STEM OPT



- Go to the USCIS website and download the I-765. The current version should have **7/31/2022** on the top right corner. The Edition on the bottom should be **8/25/2020**.
- Every page of I-765 should be printed out with a barcode at the bottom of each page
- You can choose to type or hand write the form. Only use black ink to fill out and sign the form, no electronic signatures allowed.

Authorization USCIS
Form I-765
Security OMB No. 1615-0040
on Services Expires 07/31/2022

Action Block


Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Form I-765 Edition 08/25/20 



I-765 - Page 1 Part 1

- If you are applying for regular post-completion OPT, please check “*Initial permission to accept employment*” in Part 1. If you are applying for STEM OPT extension, please check “Renewal of my permission to accept employment”
- Put your Last name and First name matching your passport machine readable zone. Put “N/A” in Middle name.

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)
- 1.b. Given Name (First Name)
- 1.c. Middle Name



- All other names used please put “N/A”

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)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name



I-765 - Page 2 Part 2 (continued)

- If you need other people to receive your receipt and EAD card, please put your friend's name and address in "Your U.S. Mailing address" section.
- Put your current address in "U.S. Physical Address" section
- If you will use your current address to receive receipt and EAD card, please put "N/A" in 5 a and your address in "Your U.S. Mailing address" section. For 6, check the "Yes" box. Put "N/A" in 7.a. and leave the rest of the "U.S. Physical Address" section blank.

Part 2. Information About You (continued)

Your U.S. Mailing Address [\(USPS ZIP Code Lookup\)](#)

5.a. In Care Of Name (if any)
Donald Duck

5.b. Street Number and Name
1234 Disney St

5.c. Apt. Ste. Flr. 10

5.d. City or Town
San Francisco

5.e. State CA 5.f. ZIP Code 94117

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
123 Minnie Dr.

7.b. Apt. Ste. Flr. 7

7.c. City or Town
San Francisco

7.d. State CA 7.e. ZIP Code 94117



I-765 - Page 2 Part 2 (continued)

- Leave Alien Registration Number and USCIS Online Account Number blank. **You must write your Alien Registration Number if you apply for STEM OPT**
- Answer Gender and Marital Status accordingly
- Check “No” if you have never applied for an EAD. Check “Yes” if you have previously applied for an EAD and were either Approved (regular OPT), Denied, or Rejected. If Approved, you will need to provide copies of your previous EADs in your application packet. If you were Rejected or Denied, include a copy of the Rejection or Denial notice.
- Check “Yes” if you have been issued an SSN and enter your SSN with one letter in each box. Skip this if you don’t already have an SSN.

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A-

9. USCIS Online Account Number (if any)
▶

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).
▶



I-765 - Page 2 Part 2 (continued)

- Check “Yes” if you do not have SSN card. Check “No” if already have SSN card. If you checked "Yes" for 14, then answer 16a-17b. If you checked "No", skip these questions and put “N/A” in 16a-17b.

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)

16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)



- Write your country of citizenship. Write “N/A” in 18.b. if you do not have multiple citizenships

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

Mexico

18.b. Country

N/A



- Please put information in all applicable fields. (*Data should match passport*). Put “N/A” if not applicable.

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

Mexico City

19.b. State/Province of Birth

N/A

19.c. Country of Birth

Mexico

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

01/20/1996



I-765 - Page 3 Part 2 (continued)

- Use your current I-94 number. This is the number you found on the electronic I-94 record or on the top left corner of the paper Form I-94 card
- Enter the information directly from your passport for passport information
- Your most recent entry date can be found on your passport admission stamp or on your electronic I-94 record.
- Place of Last Arrival into the U.S: Name of the Port of Entry city from your most recent entry. Please use a city name.
- Put “F-1 student” in both 24 and 25. If you didn’t enter the U.S. under F1 status, check-in with your ISSS advisor.
- Put your SEVIS ID number from your most recent USF I-20

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 0 1

21.b. Passport Number of Your Most Recently Issued Passport
B1234567

21.c. Travel Document Number (if any)
N/A

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

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
01/28/2028

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)
08/15/2019

23. Place of Your Last Arrival Into the United States
San Francisco

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- 000123456



I-765 - Page 3 Part 2 (continued)

- Use the code (c) (3) (B) for eligibility category F-1 Post-Completion OPT.
- Put “N/A” for rest of this section

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)).

() () ()

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

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

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



I-765 - Page 3 Part 2 (continued) (STEM)

- Use (c) (3) (C) for eligibility category F-1 STEM OPT.
- Fill out your degree name, Employer name listed in E-Verify system, and E-Verify number for your STEM OPT employer

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)).

() () ()

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

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

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



I-765 - Page 4 Part 2 (continued)

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

- Put “N/A” for this section:
- 30.d. – 30.g.



- Check “I can read and understand English”

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.



I-765 - Page 4 Part 3 (continued)

- Provide your information as requested in this section.
- Only use your USF email address without “dons”

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4154443333

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

4154443333

5. Applicant's Email Address (if any)

mmouse@usfca.edu

6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.



I-765 - Page 5 Part 3 (continued)

- Hand sign your name and provide the date of the signature in **BLACK INK**. Please put your signature in the box to avoid possible EAD card signature issues.
- Do not use e-signature, Print the form and sign it with an actual pen. USCIS will DENY applications with e-signatures.

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)

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.



- Put “N/A” for this section

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



I-765 - Page 5 Part 4 (continued)

- Put “N/A” in the fields as shown in the example.

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

Interpreter'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

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)



- Put “N/A” accordingly

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

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

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)



- Put "N/A" accordingly

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)



- Put your Last name and First name using what listed on your passport machine readable zone. Put “N/A” in Middle name
- Leave A number blank

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)	<input type="text" value="Mouse"/>
1.b. Given Name (First Name)	<input type="text" value="Micky"/>
1.c. Middle Name	<input type="text" value="N/A"/>
2. A-Number (if any) ▶ A-	<input type="text" value=""/>



I-765 - Page 7 Part 6 (continued)

- If you have been authorized for CPT in this level of study, use the same language written here. Use “3, 2, 27” for “page number, part number and item number”
- Indicate each CPT period; and if they were authorized for part-time or full-time. You can find your CPT dates from your CPT I-20 second page.

4.a. Page Number	4.b. Part Number	4.c. Item Number
3	2	27

4.d. Current SEVIS ID N0011111111,
Master's Degree
CPT Part-time 1/15/2018-5/15/2018,
CPT Full-Time 5/20/2017-8/15/2017
(See Attached I-20s)



I-765 - Page 7 Part 6 (continued)

- If you have been authorized for CPT in the previous level of study, use the same language written here. Use “3, 2, 27” for “page number, part number and item number”
- Indicate if you were authorized for OPT or CPT. If so, indicate the information using your I-20s issued from previous institution.
- If you cannot find I-20s issued from previous school, use the “missing I-20 sample letter” on USF OPT website to write a missing I-20 letter.

5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
	3		2		27

5.d. **Previous SEVIS ID** N0012345678,
High School: No Previous OPT, No
Previous CPT.
Associate Degree:
CPT Part-Time 1/15/2016-5/15/2016
(See Attached I-20s)



I-765 - Page 7 Part 6 (continued)

- If you have been authorized for CPT in the previous level of study, use the same language written here. Use “3, 2, 27” for “page number, part number and item number”
- Indicate if you were authorized for OPT or CPT. If so, indicate the information using your I-20s issued from previous institution.
- If you cannot find I-20s issued from previous school, use “missing I-20 sample letter” on USF OPT website to write a missing I-20 letter.

6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
	3		2		27

6.d. Previous SEVIS ID N0001234567,
Bachelor's Degree, No Previous OPT,
No Previous CPT. (See attached I-20s)



I-765 - Page 7 Part 6 (continued) (STEM)

- Use “3, 2, 27” for “page number, part number and item number”
- Indicate your post completion OPT period. If you have been authorized for CPT, use the same language written here.
- If you cannot find I-20s issued from previous school, use “missing I-20 sample letter” on USF OPT website to write a missing I-20 letter.

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

3.d. Current SEVIS ID N0011111111,
Master's Degree
CPT Part-time 1/15/2018-5/15/2018,
CPT Full-Time 5/20/2017-8/15/2017
Post Completion OPT
05/17/2018-05/16/2019
Bachelor's Degree, no previous OPT or
CPT. (See attached I-20s and EAD)



I-765 - Page 7 Part 6 (continued) (STEM)

- Use “3, 2, 27” for “page number, part number and item number”
- If you have been authorized for CPT in the previous level of study, use the same language written here.
- Indicate if you were authorized for OPT or CPT. If so, indicate the information using your I-20s issued from previous institution.
- If you cannot find I-20s issued from previous school, use “missing I-20 sample letter” on USF OPT website to write a missing I-20 letter.

4.a. Page Number	4.b. Part Number	4.c. Item Number
<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="27"/>

4.d. Previous SEVIS ID N002222222,
Bachelor's Degree
CPT Part-time 5/14/2015-8/14/2015
Post-Completion OPT
8/15/2016-8/14/2016
(See attached I-20s and EAD)



I-765 - Page 7 Part 6 (continued) (STEM)

- Use “3, 2, 28a” for “page number, part number and item number”
- Use the sample language here and fill out your degree information

5.a. Page Number	5.b. Part Number	5.c. Item Number
<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="28a"/>

5.d. Master's of Science in Data Science,
CIP Code xx.xxxx, [list degree as it
is on I-20]. This CIP Code is on the
ICE STEM Eligible List and the
correct code and description for
[list name of program in diploma].