



LEHIGH  
UNIVERSITY

# A Guide for Filling Out the I-765

*Applying for Optional Practical Training (OPT)*

# Read USCIS Instructions

- This is a general guide to help you complete Form I-765. It is your responsibility to ensure that your I-765 is completed correctly, fully (with sufficient supporting documents and required evidence) and is filed in a timely manner.
- Please read the Instructions for the Form I-765 at <https://www.uscis.gov/i-765>
- Following this guide does **not** guarantee approval of your OPT by USCIS

# Form I-765 – Page 1

We recommend typing this document. You can write any additional information in BLACK ink, but write clearly and legibly.

▶ **START HERE** - Type or print in black ink.

## 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.)

Select **1.a.** if this is your first time applying for OPT

Select **1.b.** if your OPT was authorized, but your EAD card was lost, stolen, damaged or needs to be corrected and is NOT due to USCIS error.

Select **1.c.** if you have applied before for OPT

# Form I-765 – Page 1

Type your name exactly as it appears **on your passport**. If you do not have a middle name, type N/A in the box.

Part 2. Information About You	
<i>Your Full Legal Name</i>	
1.a. Family Name (Last Name)	<input type="text"/>
1.b. Given Name (First Name)	<input type="text"/>
1.c. Middle Name	<input type="text"/>

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.	
<b>Additional Information.</b>	
2.a. Family Name (Last Name)	<input type="text"/>
2.b. Given Name (First Name)	<input type="text"/>
2.c. Middle Name	<input type="text"/>
3.a. Family Name (Last Name)	<input type="text"/>
3.b. Given Name (First Name)	<input type="text"/>
3.c. Middle Name	<input type="text"/>
4.a. Family Name (Last Name)	<input type="text"/>
4.b. Given Name (First Name)	<input type="text"/>
4.c. Middle Name	<input type="text"/>

Type any other names that have been used on any official records or documents (maiden names, nicknames, etc.).

If you do not have additional names that have been used on official documents, **type N/A in each box.**

# Form I-765: Page 2

“Your U.S. Mailing Address” is where your I-797 receipt notice, approval notice and EAD card will be sent. We recommend that you **use OISS's address** (see address below) to avoid documents being sent to incorrect or old addresses.

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

*Your U.S. Mailing Address*

5.a. In Care Of Name (if any)  
**OISS**

5.b. Street Number and Name  
**32 Sayre Drive – Coxe Hall**

5.c.  Apt.  Ste.  Flr.

5.d. City or Town  
**Bethlehem**

5.e. State **PA** 5.f. ZIP Code **18015**  
[\(USPS ZIP Code Lookup\)](#)

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

**If you put OISS in #5**, check ‘NO’ in #6 and fill out your current address in the U.S. in #7.

**If you put your physical address in #5**, check ‘YES’ in #6 and leave all of the spaces in #7 blank.

# Form I-765: Page 2

**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.

**#8** – You will only have an A-Number if you were previously in immigration status such as H1B, H4, etc. If you do not have an A-Number, leave this blank.

**#9** – If you do not have a USCIS Online Account Number (most F-1 students do not), leave this field blank.

**#10-11** – Indicate your Gender and Marital Status.

**#12** – Click 'YES' if you have applied for OPT or an EAD card in the past.

**#13.a.** Click 'YES' if you have a Social Security Card and Number. Click 'NO' if you do not.

# Form I-765: Page 2

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.**

**#13.b.** – If you have a social security number (SSN), enter it here. If you do not have a SSN, leave it blank.

**#14** – If you have a SSN, click 'NO.' If you do not have a SSN and you want one, click 'YES.'

**#15** – If you answered 'NO' to 14, answer 'NO' for 15. If you answered 'YES' for 14, answer 'YES' for 15.

# Form I-765: Page 2

If you indicated 'YES' to #14-15, fill out this section.

If you indicated 'NO' to #14-15, write N/A in each box.

**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)

## *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

18.b. Country

**#18** – List all of the countries where you are a citizen or national. If you are a citizen/national of only one country, in 18.b. write None.

*Use part 6 of this application if you are a citizen or national of more than 2 countries.*



# Form I-765: Page 3

**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**

**19.b. State/Province of Birth**

**19.c. Country of Birth**

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

**#19** – When completing this section, if the country's name has changed or no longer exists, type the name of the country as it was named when you were born.

Any boxes that are not applicable, write N/A.

Remember to use U.S. date formatting!

# Form I-765: Page 3

## Information About Your Last Arrival in the United States

- 21.a. Form I-94 Arrival-Departure Record Number (if any)  
▶
- 21.b. Passport Number of Your Most Recently Issued Passport
- 21.c. Travel Document Number (if any)
- 21.d. Country That Issued Your Passport or Travel Document
- 21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)
23. Place of Your Last Arrival Into the United States
24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
26. Student and Exchange Visitor Information System (SEVIS) Number (if any)  
▶ N-

**#21.a.** – List the I-94 Number found on your I-94 (from most recent entry into the United States). You can print your current I-94 at <https://i94.cbp.dhs.gov/i94>

**#21.b., 21.d., 21.e.** – Fill in the blanks with the information from the passport you last used to enter the country, even if it is expired.

**#21.c.** – Write ‘None’ in this box if you listed your passport in 21.b.

**#22** – Use the date from your most current I-94

**#23** – Type the name of the Port of Entry city from your most recent entry into the U.S. Include the City and State – Example “New York, New York”

**#24** – Type your immigration status at the time of your last entry (Ex: F-1 Student, H-4, etc.)

**#25** – Type F-1 Student here. \*If you are not currently an F-1 Student, please see an OISS advisor.

**#26** – Type your current SEVIS ID number, which can be found on the top left corner of your I-20

# Form I-765: Page 3

**#27** – For Post-Completion OPT type (c) (3) (B)

For STEM OPT Extension type (c) (3) (C)

## 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

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.  
▶

30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) 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 30., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) in the Required Documentation section of the Form I-765 Instructions for information about providing court dispositions.

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.  
▶

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.

**#28-31** – These should only be completed if you are applying for STEM OPT Extension. Leave all of these questions blank if you are not applying for STEM OPT.

# Form I-765: Page 4

**Select only 1.a.** because you completed this form on your own.

*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.

*Applicant's Contact Information*

3. Applicant's Daytime Telephone Number  
\_\_\_\_\_

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

5. Applicant's Email Address (if any)  
\_\_\_\_\_

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

**Complete #3-5** and if one does not apply to you, write N/A in the box.

# Form I-765: Page 4

**#7.a.** – Sign your name with a BLACK Pen. Do not sign this electronically. Your signature must be within the boundaries of the box.

*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.

*Remember to use U.S. date formatting!*

**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)

In **1.a., 1.b. and 2** – write None in each box because you've completed this form on your own.

# Form I-765: Page 5

<b>Part 4. Interpreter's Contact Information, Certification, and Signature</b>	<b>Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant</b>
<b>Interpreter's Mailing Address</b>	Provide the following information about the preparer.
3.a. Street Number and Name	<b>Preparer's Full Name</b>
3.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	1.a. Preparer's Family Name (Last Name)
3.c. City or Town	1.b. Preparer's Given Name (First Name)
3.d. State	2. Preparer's Business or Organization Name (if any)
3.e. ZIP Code	
3.f. Province	<b>Preparer's Mailing Address</b>
3.g. Postal Code	3.a. Street Number and Name
3.h. Country	3.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.
<b>Interpreter's Contact Information</b>	3.c. City or Town
4. Interpreter's Daytime Telephone Number	3.d. State
5. Interpreter's Mobile Telephone Number (if any)	3.e. ZIP Code
6. Interpreter's Email Address (if any)	3.f. Province
<b>Interpreter's Certification</b>	3.g. Postal Code
I certify, under penalty of perjury, that	3.h. Country
I am fluent in English and	<b>Preparer's Contact Information</b>
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.	4. Preparer's Daytime Telephone Number
<b>Interpreter's Signature</b>	5. Preparer's Mobile Telephone Number (if any)
7.a. Interpreter's Signature	6. Preparer's Email Address (if any)
7.b. Date of Signature (mm/dd/yyyy)	

In black ink, write N/A at the bottom of Page 5 (like pictured here) because you completed this form on your own.

N/A

# Form I-765: Page 6

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**  
(continued)

**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)

N/A

**In black ink, write N/A at the bottom of Page 6** (like pictured here) because you completed this form on your own.

# Form I-765: Page 7

**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)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d.

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d.

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.

**#1.a., 1.b., and 1.c.** – Only complete these if you will write information in #3 or 4 on this page. The information you enter must match the information typed on Page 1

**#2** – Only complete this if you will write information in #3 or 4 on this page. If you have an A-Number, type it here. If you do not have one, leave it blank.

**#3** – Fill in this section if you've had previous CPT or OPT authorizations. {Page # 3, Part # 2, Item Number 27}. In 3.d. you'll write what type of authorization (CPT/OPT), the dates it was authorized, whether it was fulltime or part time and the degree level it was authorized at (bachelor, master, PhD)

**#4** – Fill in this section if you have an I-20s with different SEVIS numbers {Page #3, Part #2, Item Number 26}. In 4.d. you'll write your previous I-20 SEVIS numbers

*\*\*\*If you have no information to fill in on this page, write N/A in black ink at the bottom of Page 7 (like you've done on Page 5 and 6)*



# Meet With Your OISS Advisor

- Upload your completed Form I-765 to your OPT application in iHome
- Bring a ONE-SIDED printed copy of your completed I-765 to your appointment with an OISS advisor