



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<br>(Last Name) | <input type="text"/> |
| 1.b. Given Name<br>(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.

### Additional Information.

|                                 |                      |
|---------------------------------|----------------------|
| 2.a. Family Name<br>(Last Name) | <input type="text"/> |
| 2.b. Given Name<br>(First Name) | <input type="text"/> |
| 2.c. Middle Name                | <input type="text"/> |
| 3.a. Family Name<br>(Last Name) | <input type="text"/> |
| 3.b. Given Name<br>(First Name) | <input type="text"/> |
| 3.c. Middle Name                | <input type="text"/> |
| 4.a. Family Name<br>(Last Name) | <input type="text"/> |
| 4.b. Given Name<br>(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. Typically we recommend that you put OISS’s address. However, since all staff are working remotely due to COVID-19 and mail is checked sporadically, please **use a secure address that is valid for several months** to avoid documents being sent to incorrect or old addresses. student must be listed as physically residing there with USPS or have indicated the person living at the residence in the c/o mailing address on the I-765.

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

**Your U.S. Mailing Address**

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

5.b. Street Number and Name

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town

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

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 a mailing address that is not where you physically reside 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.

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**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., or if you've had OPT authorized in the past – it is the USCIS number on the EAD card. 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.

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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, leave it blank.

## 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)                                    |                      |
|--|----------------------|
| <b>Place of Birth</b>  |                      |
| List the city/town/village, state/province, and country where you were born. |                      |
| 19.a. City/Town/Village of Birth   | <input type="text"/> |
| 19.b. State/Province of Birth  | <input type="text"/> |
| 19.c. Country of Birth   | <input type="text"/> |
| 20. Date of Birth (mm/dd/yyyy)   | <input type="text"/> |

**#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 your passport.

**#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

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**#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)).

(  ) (  ) (  )

**#28a-c** – 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.

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

**#29-30.c.** – Leave blank

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.**, 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

# Form I-765: Page 4

## 30.d-30.g – Leave blank

| Part 2. Information About You (continued)   |   |
|---|---|
| If you answered "Yes" to <b>Item Number 30.c.</b> , provide the following information:  |   |
| 30.d. Date you presented yourself to DHS  | <input type="text"/>  |
| 30.e. Location where you presented yourself to DHS  | <input type="text"/>  |
| 30.f. Country of claimed persecution  | <input type="text"/>  |
| 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 <b>Part 6. Additional Information.</b> | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |

## 31.a-31.b – Leave blank

**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.

►

**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.

# 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 5

**#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 N/A 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>Interpreter's Mailing Address</b>  |                                    |
| 3.a. Street Number and Name   | <input type="text"/>               |
| 3.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.  | <input type="text"/>               |
| 3.c. City or Town   | <input type="text"/>               |
| 3.d. State <input type="text"/>   | 3.e. ZIP Code <input type="text"/> |
| 3.f. Province   | <input type="text"/>               |
| 3.g. Postal Code  | <input type="text"/>               |
| 3.h. Country  | <input type="text"/>               |
| <b>Interpreter's Contact Information</b>  |                                    |
| 4. Interpreter's Daytime Telephone Number   | <input type="text"/>               |
| 5. Interpreter's Mobile Telephone Number (if any)   | <input type="text"/>               |
| 6. Interpreter's Email Address (if any)   | <input type="text"/>               |
| <b>Interpreter's Certification</b>  |                                    |
| I certify, under penalty of perjury, that:  |                                    |
| I am fluent in English and <input type="text"/>   |                                    |
| which is the same language specified in <b>Part 3, Item Number 1.b.</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 <b>Applicant's Declaration and Certification</b> , and has verified the accuracy of every answer. |                                    |
| <b>Interpreter's Signature</b>  |                                    |
| 7.a. Interpreter's Signature  | <input type="text"/>               |
| 7.b. Date of Signature (mm/dd/yyyy)   | <input type="text"/>               |

Put N/A on 3a. – 3h.

Put N/A on 4 – 6.

Leave 7a. – 7.b. blank because you completed this form on your own.



# Form I-765: Page 6

## 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)

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

[illegible]

**#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 authorizations {Page # 3, Part # 2, Item Number 27} or previous OPT {Page #2, Part # 2, Item Number 12}. 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
- The print out of the I-765 that you bring to your appointment should have your original signature on page 4. It cannot be an electronic or copied signature.