

## F-1 OPTIONAL PRACTICAL TRAINING (OPT)

**Optional Practical Training (OPT)** is permission to work in a job related to your field of study. F-1 students are eligible for **12 months** of practical training authorization. This authorization can be used for full-time summer work or part-time work (not more than 20 hours/week) during the academic year, or all or part of the time can be saved for full-time employment after graduation. Graduate students who have completed all course requirements may begin full-time OPT while completing their theses or dissertations.

In making a recommendation for optional practical training under SEVIS, the DSO will update the student's record in SEVIS as having been recommended for OPT. The DSO will then print the employment page of the student's SEVIS Form I-20, and sign and date the form to indicate that optional practical training has been recommended. The F-1 student files with the U.S. Citizenship and Immigration Service (USCIS) for an Employment Authorization Document (must send Form I-765 with fee, and the SEVIS Form I-20 employment page indicating that OPT has been recommended by the DSO).

**Plan ahead.** Applications should be filed with the USCIS Service Center with jurisdiction over the address where the student currently resides (address on I-765). The approval process may take as long as 90 days, and **you cannot begin working until you have received your work authorization.** Additionally, travel during the process of your application can be difficult. If you plan to travel after graduation you should discuss this in advance with an international student advisor.

### REQUIREMENTS:

To be eligible for practical training, you must:

- Have been a full-time student for at least one academic year and be maintaining full-time enrollment.
- Have a valid passport, I-94 card, and I-20.
- For post-completion OPT apply within 90 days before completion of studies or up to 60 days after graduation.
- For pre-completion OPT apply up to 90 days before the proposed date of employment if student has completed a full academic year.

Note: If the student has not completed a full academic year, the student may only apply for pre-completion OPT up to 90 days before the end of the full academic year.

The eligibility code for pre-completion OPT is (c) (3) (A). The eligibility code for post-completion OPT is (c) (3) (B).

### TO APPLY FOR OPT:

1. Obtain an F-1 OPT Packet from the Center for Global Engagement.
2. Read all of the information in the packet carefully.
3. Return the F-1 OPT Packet along with the following documents:
  - Copies of all I-20s that you have (pages 1 and 3). From all institutions you have attended.
  - Advisor's Recommendation Form
  - Copies of your passport and I-94 card
  - Completed I-538 form (included in the packet)
  - Completed I-765 form (included in the packet)
  - Copy of any previous employment authorization card(s) (EADs)
  - Valid proof of medical insurance
4. The DSO will evaluate the above forms and documents and make an appropriate decision. If you are approved the DSO will update the student's record in SEVIS as having been recommended for optional practical training. The DSO will then print the employment page of the student's SEVIS Form I-20, and sign and date the form to indicate that optional practical training has been recommended.

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If all of these materials are in order, CGE will call you to pick up your OPT application. All documents should be sent by the student with a check for the amount of \$410.00 to the Service Center with jurisdiction over your place of residence (address on item 3 of your I-765)

Before mailing your application verify with the DSO.

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If you have any questions or concerns, contact:

Center for Global Engagement

Gillum Hall Room 240

(812) 237-2440

## Advisor's Recommendation for the Optional Practical Training

*The information requested in this form is pursuant to U.S. Federal Regulations that govern Optional Practical Training for F-1 students. If you have questions regarding this form, please call a student advisor in the Office of Center for Global Engagement.*

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### Part I. To be completed by the student.

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Name:

ID#:

Major area  
of study:

Name of prospective employer (if any):

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### Part II. To be completed by Academic Advisor or Dean.

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The above named student has made the following progress toward the \_\_\_\_\_ degree in the Department of \_\_\_\_\_ at Indiana State University (indicate all of the following that apply):

Student has completed all course  
requirements:

☐ Yes.

☐ No. If no, please explain in a separate memo.

Student has defended/will defend his/her thesis/dissertation by: \_\_\_\_\_ (date).

Comments:

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Date the student will complete/has completed  
the degree program:

☐ Expected.

☐ Definite.

Date:

Signature:

Name/  
Title:

Date:

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### Part III. To be completed by the Office of Center for Global Engagement.

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Based on the information provided in the student's written job offer and the academic advisor's recommendation, I determine that the requested Optional Practical Training: ☐ is ☐ is not recommended.

Comments:

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Signature:

Title:

Date:

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## Certification by Designated School

**SECTION A. This section must be completed by the student, as appropriate. (Please print or type):**

1. Name: (Family in CAPS)	(First)	(Middle)	2. Date of birth:
3. Student admission number:		4. Date first granted F-1 or M-1 status:	
5. Level of education being sought:		6. Student's major field of study:	
7. Describe the proposed employment for practical training:			

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

**8. List all periods of previously authorized employment for practical training:**

A. Curricular or work/study:	B. Post completion of studies

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B. This section must be completed by the designated school official (DSO) of the school the student is attending or was last authorized to attend:**

**9. I hereby certify that:**

The student named above:

- ☐ Is taking a full course of study at this school, and the expected date of completion is: \_\_\_\_\_
- ☐ Is taking less than a full course of study at this school because: \_\_\_\_\_
- ☐ Completed the course of study at this school on (date): \_\_\_\_\_
- ☐ Did not complete the course of study. Terminated attendance on (date): \_\_\_\_\_

Check one:

- ☐ A. The employment is for practical training in the student's field of study. The student has been in the educational program for at least nine (9) months, is in good academic standing, and is eligible for the requested practical training in accordance with INS regulations at 8 CFR 214.2(f)(10). The training that the student will participate in is an integral part of an established curriculum.
- ☐ B. The employment is for an internship with a recognized international organization and is within the scope of the organization's sponsorship. The student is in good academic standing.

10. Name and title of DSO:	Signature:	Date:
11. Name of school:	School file number:	Telephone Number:

**For Official Use Only**

Microfilm Index Number:

(See instructions on reverse)



# Application For Employment Authorization

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 05/31/2020

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- <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
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) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

► **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.)

## Part 2. Information About You

### Your Full Legal Name

- 1.a. Family Name (Last Name) 

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- 1.b. Given Name (First Name) 

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- 1.c. Middle Name 

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### 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) 

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- 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) 

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- 4.c. Middle Name 

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## 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

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-

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).

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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)

### 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



## 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)

### Information About Your Last Arrival in the United States

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

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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-

### 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.

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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.

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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 , 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.

#### 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.

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.

### 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)



#### 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)

##### 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)

##### 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)

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**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 ay 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. 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

1.c. Middle Name

2. A-Number (if any) ► A-

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

[illegible]

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

[illegible]

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

**5.d.**

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

[illegible]

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

[illegible]

## Instructions for Completing I-765

### What is the Purpose of Form I-765?

Certain foreign nationals who are in the United States may file form I-765, Application for Employment Authorization, to request employment authorization and an Employment Authorization Document (EAD). Other foreign nationals whose immigration status authorizes them to work in the United States without restrictions may also use Form I-765 to apply to U.S. Citizenship and Immigration Services (USCIS) for an EAD that shows such authorization.

### Definitions

**Employment Authorization Document (EAD):** The EAD is a card (also known as Form I-688A, Form I-688B, Form I-766, or any successor document) issued as evidence that the holder is authorized to work in the United States.

**Initial EAD:** An EAD issued to an eligible applicant for the first time under a specific eligibility category.

**Renewal EAD:** An EAD issued to an eligible applicant after the expiration of a previous EAD issued under the same category.

**Replacement EAD:** An EAD issued to an eligible applicant when the previously issued EAD was lost, stolen, damaged, or contains errors, such as a misspelled name.

### Foreign Student Categories

#### 1. F-1 Student seeking Optional Practice Training (OPT) in a Position Directly Related to Major Area of Study

**NOTE:** If you are an F-1 student filing for initial or extension of OPT, please note that your OPT and your employment authorization will be automatically terminated if you change educational program levels or transfer to another school. Working in the United States without authorization may result in your removal from the United States or denial of re-entry. Consult with your Designated School Official (DSO) for additional details.

- A. **Pre-Completion OPT—(c)(3)(A).** File Form I-765 up to 90 days before being enrolled for one full academic year, provided that the period of employment will not start before you have completed one full academic year. The one full academic year need not necessarily have been completed while you were in F-1 status; if you completed one-year requirement while in another valid nonimmigrant status and you are now in valid F-1 status, you are eligible to apply for OPT. Include evidence having been lawfully enrolled on a full-time basis for one-full academic year at a college, university, conservatory, or seminary approved by the U.S. Immigration and Customs Enforcement (ICE) Student and Exchange Visitor Program (SEVP) for attendance by F-1 foreign students. Also, include all previously authorized curricular



practical training (CPT) or (OPT) and academic level at which each was authorized. You must include a Certificate of Eligibility of Nonimmigrant (F-1) Student Status (Form I-20) endorsed by the DAO before filing Form I-765.

- B. Post-Completion OPT—(c)(3)(B).** File Form I-765 up to 90 days before, but no later than 60 days after your program end date. Use **Part 6. Additional Information** to provide all previously used SEVIS numbers and evidence of any previously authorized CPT or OPT and the academic level at which it was authorized.

**Note:** You **must** file your Form I-765 within 30 days of the date that your DSO enters the recommendation for OPT into your SEVIS record. If you fail to do so, we will deny your OPT request.

## Specific Instructions

### Part 1. Reason for Applying.

You must select one Item Number that best describes your reason for applying:

Item Number 1.a. Initial permission to accept employment.

Item Number 1.b. Replacement of a lost, stolen, or damaged EAD, or correction of your EAD not due to 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.

Item Number 1.c. Renewal of your permission to accept employment. If you select **Item Number 1.c.**, attach a copy of your previous EAD.

### Part 2. Information about you

**Items numbers 1.a.-1.c. Your Full Legal Name.** Provide your full legal name as shown on your birth certificate or legal change of named document in the spaces provided.

**Items numbers 2.a.-4.c. 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**.

**Item numbers 5.a.-5.f. Your U.S Mailing Address.** You must provide a valid mailing address in the United States. You may list a valid U.S Residence, APO, or commercial address. You may also list a U.S Post Office address (PO Box) if that is how you receive your mail. If your mail is sent to someone other than yourself, please include an "in Care of Name" as part of your mailing address. If your U.S mailing address is in the U.S territory and it contains an urbanization name, list the urbanization name in the "In Care of Name" space provided. We will send your EAD to this address do not use the attorney's or other legal representative's address.

**Item Numbers 6.-7.e. U.S Physical Address.** Type or print your physical address in the spaces provided.

**Item number 8. Alien Registration Number (A-Number)** (if any). An Alien Registration Number, otherwise known as an "A-Number," is typically issued to people who apply for or are granted certain immigration benefits. In addition to USCIS; ICE, U.S Customs, and Boarder Protection (CBP), EOIR, and DOS may also issue an A-Number to certain foreign nationals. If you were issued an A-number, type or print it in the spaces provided. If you are renewing your EAD, this number may be listed as the USCIS Number on the front of the card. If you have more than one A-Number, use the space provided in **Part 6 Additional information** to provide the information. If you do not have an A-Number or if you cannot remember it, leave this space blank.

**Item Number 9. USCIS Online Account Number** (if any). If you have previously filed an application or petition using the USCIS online filing system (Previously called USCIS Electronic Immigration System (USCIS ELIS)), provide the USCIS online account number you were issued by the system.

**Item Number 10. Gender.** Select the box that indicates where you are male or female.

**Item number 11. Marital Status.** Select the box that describes the marital status you have on the date you file form I-765

**Item Numbers 12. Previous application for Employment Authorization form USCIS.** If you have applied for employment authorization in the past, select "yes" for **Item Number 12.** Provide copies of your previous EADs, if available.

**Items number 12.a-17.b Questions regarding Social Security Number (SSN).** **Item Number 13.a.** ask you if the social security administration (SSA) has ever officially issued you a social security card. If the SSA ever issued a social security card to you in your name or a previously used name such as your maiden name, then you must enter the SSN from your in **Item Number 13.b**

If your request for employment authorization is approved, the SSA may assign your SSN and issue you a social Security card, or issue you a replacement card. If you want the SSA to assign your Social Security number and issue you a social Security card, or issue you a new replacement Social Security card, then answer "yes" to both **Item Number 14.** And **Item number 15.** You must also provide your father's and mother's family and given names at birth in **Item Number 16.a.-17.b.** SSA will use **Item Numbers 16.a.-17.b.** In issuing you a social security card.

You are not required to request an SSN using this application. Completing **Item Numbers 14.-17.b.** is optional. However, you must have an SSN properly assigned in your name to work in the United States.

**NOTE:** If your employer uses E-verify to confirm employees' eligibility to legally work in the United States, the information you provide on form I-9, Employment Eligibility Verification, Will be compared to date in SSA and DHS databases. Employees must have an SSN in order for E-verify to confirm their eligibility to legally work in the United States.

**Item Number 18.a.-18.b. Country or countries of citizenship or Nationality.** Type or print the name of the country or countries where you are currently a citizen or national.



1. If you are stateless, type or print the name of the country where you were last a citizen or national.
2. If you are a citizen or national of more than one country, type or print the name of the foreign country that issued your last passport.

**Item number 19.a.-19.c. Place of Birth.** Enter the name of the city, town, or village; state or province; and country where you were born. Type or print the name of the country as it was named when you were born, even if the country's name has changed or the country no longer exists.

**Item Number 20. Date of Birth.** Enter your date of birth in mm/dd/yyyy format in the space provided. For example, type or print October 5, 1967 as 10/05/1967.

**Item numbers 21.a.-21.e Form I-94 arrival-departure record.** If CBP or USCIS issued you a form I-94, arrival-departure record, provide you form I-94 number. The Form I-94 also is known as the Departure Number on some versions of form I-94.

**Passport and Travel Document Numbers.** If you used a passport or travel document to travel to the United States, enter either the passport or travel document information in the appropriate space on the application, even if the passport or travel document is currently expired.

**Item number 22. Date of your Last Arrival Into the United States, On or About.** Provide the date on which you last entered the United States in mm/dd/yyyy format.

**Item Number 23. Place of your Last Arrival into the United States.** Provide the location where you last entered the United States.

**Item Number 24. Immigration status at Your Last Arrival.** Provide the letter and number that correlates with your status when you last entered the United States. For Example, if you last entered the United States as a temporary visitor for pleasure, B-2, type or print "B-2 visitor" in the space provided.

**Item Number 25. Your Current Immigration Status or category.** Provide your current immigration status. For example, if your current status is student academic, F-1, type or print "F-1 Student" in the Space provided.

**Item Number 26. Student and Exchange visitor information system (SEVIS) Number (if any).** If you were issued a SEVIS number, enter it in the space provided.

### **Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature**

**Items Numbers 1.a -7.b.** Select the appropriate box to indicate whether you read this application yourself or whether you had an interpreter assist you. If someone assisted you in completing the application, select the box indicating that you used a preparer. Further, you must sign and date your application and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every application **MUST** contain the signature of the applicant. A stamped or typewritten name in place of a signature is not acceptable.

### **Part 6. Additional Information**

**Item Numbers 1.a – 7.d.** If you need extra space to provide any additional information within this application, use the space provided in **Part 6. Additional Information**. If you need more space than what

is provided in **Part 6** , you may make copies of **Part 6** to complete and file with your 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.

**We recommend that you print or save a copy of your completed application to review in the future and for your records.**

Assemble the document in the following order.

1. The appropriate filing fee, if applicable. See the **Ask your DSO about the current fee**
2. Your properly signed applications.
3. You must submit the following documents.
  - A. A copy of at least one of the following documents: Form I-94, Arrival-Departure Record (front and back). A printout of your electronic Form I-94 from [www.cbp.gov/i94](http://www.cbp.gov/i94), passport, or other travel document.
  - B. A copy of your last EAD (front and back). If you were not previously issued an EAD, you must submit a copy of a government –issued identity document (such as a passport) showing your picture, name, and date of birth; a birth certificate with photo ID; a visa issued by a foreign consulate; or a national ID document with photo and / or fingerprint. The identity document photocopy must clearly show your facial features and contain your biographical information.
  - C. Photographs  
You **must** submit two identical color passport-style photographs of yourself taken recently. The photos must have a white to off – white background. Head height should measure 1 to 1 3/8 inches from the top of the hair to the bottom of your chin, and the eye height is between 1 1/8 to 1 3/8 inches from the top of your eyes to the bottom of photo. Your head must be bare unless you are wearing headwear as required by a religious denomination of which you are a member. Using a pencil or felt pen, lightly print your name and A- Number (if any) on the back of the photo.





## U.S. Citizenship and Immigration Services

# USCIS Is Making Photos Simpler



**Old Three-Quarter  
Style Photo**



**New Passport  
Style Photo**

**Photos Must Be in Color**

Washington, DC — In accordance with language specified in the Border Security Act of 2003, U.S. Citizenship and Immigration Services (USCIS) announced a change in the photo requirements for all applicants from a three-quarter face position to a standard, full-frontal face position to take effect August 2, 2004.

USCIS will accept both three-quarter and full-frontal color photographs until September 1, 2004, after which only full-frontal color will be accepted.

The application process of customers who have already submitted materials that include color photos with the three-quarter standard **will not** be affected by this change.

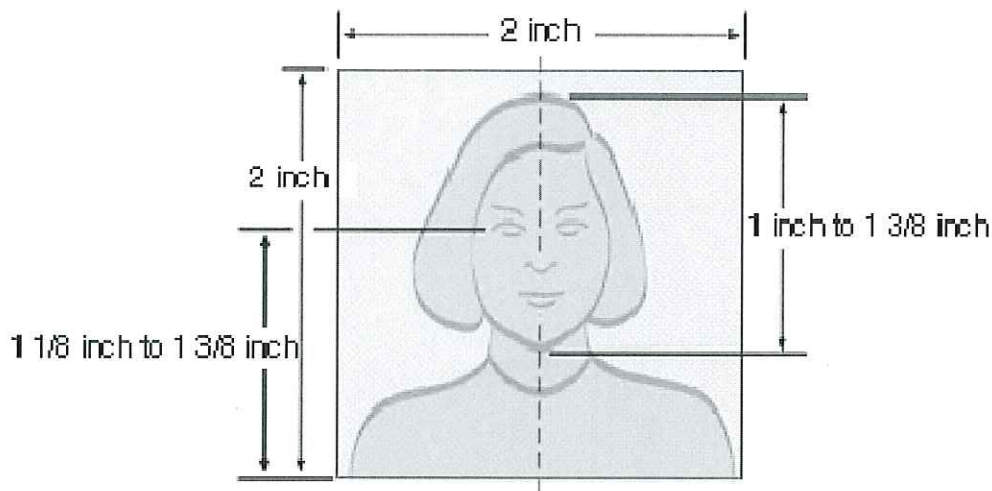
All photos must be of just the person. Where more than one photo is required, all photos of the person must be identical. All photos must meet the specifications for full-frontal/passport photos.

For more information on photo standards, visit the Department of State website at <http://www.travel.state.gov/passport/pptphotos/index.html>, or contact the USCIS National Customer Service Center at 1 800 375 5283.

[List of forms that require photos is on the back](#)

### Composition Checklist:

- ☐ Printed on matte or glossy photo quality paper
- ☐ Size of Photo
  - 2 inches x 2 inches (51 x 51 mm) in size
  - Size of head must be in between 1 – 1 3/8 inches, (25 – 35 mm) from the bottom of the chin to the top of the head
- ☐ Recent, taken in the last ~~6 months~~ <sup>30 days</sup> to reflect your current appearance
- ☐ Eye glasses may be worn, but there must not be any glare
- ☐ Background must be plain white or off-white
- ☐ Head must be directly facing the camera with your full face in view
- ☐ Taken with a neutral facial expression or a natural smile, with both eyes open
- ☐ In color
- ☐ Taken in clothing that you normally wear on a daily basis
- ☐ No hats or head coverings, unless you wear it daily for religious purposes. Your full face must be visible, meaning your head covering cannot cause any shadows.
- ☐ No headphones or wireless hands-free devices



*F-1 Optional Practical Training (OPT)  
Application Checklist*

- ☐ Copies of all I-20s issued to the student (return originals to student)
- ☐ Copy of F-1 visa
- ☐ Valid Passport: photocopy of photo page, renewal page if original has expired, and pages showing amendments such as name changes, corrections, etc.
- ☐ I-94
- ☐ Advisor's Recommendation Form
- ☐ Any previous EAD cards
- ☐ Form I-765 completed and signed
- ☐ Form I-538 with top completed
- ☐ Valid Proof of Medical Insurance (if available)