

COMPLETE THIS FORM IN
ITS ENTIRETY.

I-765, Application For Employment Authorization

Do not write in this block.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Remarks | A |
| A# | |
| Applicant is filing under §274a.12 _____ | |
| <input type="checkbox"/> Application Approved Employment Autho _____ (Date). Subject to the follow _____ (Date). Application Denied. | |
| <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f) | |

If you will be moving during the OPT application process and wish to use another person's address cross out the type in #2 and write the words "in care of" and the person's address. Only include your address on the form if you will be able to receive mail at that location for the next four months. Otherwise, leave #2 blank.

Check this box.

I am applying for: Permission to accept employment.
 Replacement (of lost employment authorization document)
 Renewal of my permission to accept employment (attach previous employment authorization document).

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1. Name (Family Name in CAPS) (First) _____ (Middle) _____ | Which USCIS Office? _____ | Date(s) _____ |
| 2. Other Names Used (include Maiden Name) _____ | Results (Granted or Denied - attach all documentation) _____ | |
| 3. Address in the United States (Number and Street) _____ (Apt. Number) _____ | 12. Date of Last Entry into the U.S. (mm/dd/yyyy) _____ | |
| (Town or City) _____ (State/Country) _____ (ZIP Code) _____ | 13. Place of Last Entry into the U.S. _____ | |
| 4. Country of Citizenship/Nationality _____ | 14. Manner of Last Entry (Visitor, Student, etc.) _____ | |
| 5. Place of Birth (Town or City) _____ (State/Province) _____ (Country) _____ | 15. Current Immigration Status (Visitor, Student, etc.) _____ | |
| 6. Date of Birth (mm/dd/yyyy) _____ | 7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | 16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.). Eligibility under 8 CFR 274a.12 () () () | |
| 9. Social Security Number (Include all numbers you have ever used) (if any) _____ | 17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number _____ | |
| 10. Alien Registration Number (A-Number) or I-94 Number (if any) _____ | | |
| 11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If yes, complete below) <input type="checkbox"/> No | | |

Found on your most recent I-94 card.

#17 applicable for the 17 months extension application ONLY.

Don't forget to sign, provide your telephone number, and date the application.

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine my eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category.

Block 16.

Signature _____ Telephone Number _____ Date _____

Signature _____
request of _____
of which I have an

| | |
|------------|-------------|
| Print Name | Resubmitted |
| Remarks | |

This code is dependent upon the type of OPT application:
Post-Completion: (c) (3) (B)
Pre-Completion: (c) (3) (A)
17 Month Extension: (c) (3) (C)

Check "yes" if in the past you have applied for OPT, H-1B, or L-1/L-2 status. Provide details in the next column. Otherwise, check "no."

The 11 digit # at the top left-hand corner of your I-94 card.

