



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- <input style="width: 100px;" type="text"/>		
	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) <input style="width: 100%;" type="text"/>
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▶ **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)
- * 1.b. Given Name (First Name)
- * 1.c. Middle Name

*1a-1c, Follow your passport as closely as possible. 1c is BLANK if you have no middle name

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. *2a-4c, Nicknames are required

- 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 *

***All Text Fields that do not apply:
-Hand Write "N/A" with
black ink ONLY ****

Part 2. Information About You (continued)

**The IO strongly recommends writing the IO Address here*

Your U.S. Mailing Address

- * 5.a. In Care Of Name (if any)
THE INTERNATIONAL OFFICE
- * 5.b. Street Number and Name
630 DARTMOUTH PLACE
- * 5.c. Apt. Ste. Flr.
- * 5.d. City or Town
EVANSTON
- * 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 **Write your current address here*

- * 7.a. Street Number and Name
YOUR CURRENT ADDRESS
- * 7.b. Apt. Ste. Flr.
- * 7.c. City or Town
YOUR CURRENT CITY
- * 7.d. State 7.e. ZIP Code

Other Information **8-9, if you are familiar with these numbers, speak with your IO Advisor*

- * 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?
**12, Check YES ONLY if you have previously filed an I-765. NOT CPT* 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).

▶

- * 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.)

**14, If you had a social security card but lost it,* Yes No *check YES here.*

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 **16a-17b, If you have an SSN, write "N/A" If you do not have an SSN, complete this section*
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

**13a, If you were issued an SSN number in the past, you must check YES, even if you lost the card. Only check NO if you have never been issued a SSN.*

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

SHANGHAI

19.b. State/Province of Birth

SHANGHAI

19.c. Country of Birth

CHINA

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

05/12/2000

*20, Month/Day/YEAR
May 12, 2000 = 05/12/2000

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

ABC1234567

* 21.c. Travel Document Number (if any) *21c, Usually "N/A"

N/A

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

CHINA

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

05/12/2025

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

09/18/2018

23. Place of Your Last Arrival Into the United States

CHICAGO

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- 001234567

*26, This Number is on the top left of your current I-20.

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)).

*27, Category for Post Completion OPT (C) (3) (B)
Always use capital "B"

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.** *28a-c, "N/A" & 29, 31a "NONE"

* 28.a. Degree

N/A

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

N/A

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

N/A

* 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.

▶ NONE

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.

▶ NONE

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 *1b-2, "N/A"

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 *7a - You are **REQUIRED** to sign in black ink **ONLY**

- * 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 *1a-2, "N/A"

- * 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)

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 may 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)

***8a-b, "N/A"**

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. *1c, "N/A", 2, "NONE"

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. PREVIOUS SEVIS IDs (list all here)

SEVIS ID:

Academic Level:

School Name:

Refer to copy of I-20 from (school name) with SEVIS ID _____.

If you do not have a previous SEVIS ID and 4a-4d or 5a-5d apply to you, please begin those sections in 3a-3d.

If none apply see note below.

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

4.d. OPT HISTORY

SEVIS ID:

Academic Level:

Start Date and End Date (see EAD):

Receipt Number (see EAD):

Refer to copy of previous EAD and OPT I-20.

(If you misplaced these documents, include a letter).

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

5.d. CPT HISTORY (for ALL SEVIS records)

SEVIS ID:

Academic Level:

Start Date and End Date:

Full time/Part Time

Refer to copy of CPT I-20.

(If misplaced, include a letter).

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.

***If any sections do not fit, you may include a separate document/letter.**

***3a-7d, If no fields apply, "N/A"**