**Please read instructions: Last two pages**

Application For Employment Authorization

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

<table>
<thead>
<tr>
<th>For USCIS Use Only</th>
<th>Fee Stamp</th>
<th>Action Block</th>
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</thead>
<tbody>
<tr>
<td>☐ Authorization/Extension Valid From</td>
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<td>☐ Authorization/Extension Valid Through</td>
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<tr>
<td>Alien Registration Number</td>
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<tr>
<td>Remarks</td>
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</table>

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).

☑ Select this box if Form G-28 is attached.

Attorney or Accredited Representative
USCIS Online Account Number (if any)

START HERE - Type or print in black ink. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “None” unless otherwise directed.

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) WILDCAT
1.b. Given Name (First Name) WILLIAM EVANSTON
1.c. 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.

2.a. Family Name (Last Name) WILDCAT
2.b. Given Name (First Name) WILLIE
2.c. Middle Name EVANSTON

3.a. Family Name (Last Name) N/A
3.b. Given Name (First Name) N/A
3.c. Middle Name N/A

4.a. Family Name (Last Name) N/A
4.b. Given Name (First Name) N/A
4.c. Middle Name N/A
Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
   NAME OF RECIPIENT

5.b. Street Number and Name
   RECIPIENT ADDRESS


5.d. City or Town
   CITY

5.e. State ☐ CA 5.f. ZIP Code 12345

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
   APPLICANT CURRENT ADDRESS


7.c. City or Town
   CURRENT CITY

7.d. State ☐ IL 7.e. ZIP Code 12345

Other Information

8. Alien Registration Number (A-Number) (if any)
   ▶ A- N/A

9. USCIS Online Account Number (if any)
   ▶ N/A

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).
   ▶ 1 2 3 4 5 6 7 8 9

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) N/A

16.b. Given Name (First Name) N/A

Mother’s Name
Provide your mother’s birth name.
17.a. Family Name (Last Name) N/A

17.b. Given Name (First Name) N/A

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 N/A

18.b. Country N/A
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

BIRTH CITY

19.b. State/Province of Birth

BIRTH STATE OR PROVINCE

19.c. Country of Birth

BIRTH COUNTRY

20. Date of Birth (mm/dd/yyyy) 08/20/2000

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)

N/A

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

COUNTRY

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

05/20/2029

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 08/15/2020

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

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

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., 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
Part 2. Information About You (continued)

If you answered “Yes” to Item Number 30.c., provide the following information:

30.d. Date you presented yourself to DHS

N/A

30.e. Location where you presented yourself to DHS

N/A

30.f. Country of claimed persecution

N/A

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 Part 6. Additional Information.

N/A

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.

N/A

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. X 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

N/A

a language in which I am fluent, and I understood everything.

2. □ At my request, the preparer named in Part 5.

N/A

prepared this application for me based only upon information I provided or authorized.

Applicant’s Contact Information

3. Applicant’s Daytime Telephone Number

1234567890

4. Applicant’s Mobile Telephone Number (if any)

1234567890

5. Applicant’s Email Address (if any)

NOTAREALemail@U.NORTHWESTERN.EDU

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.
Part 3. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature (continued)

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 was 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

SIGN HERE

7.b. Date of Signature (mm/dd/yyyy) 09/22/2020

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)

N/A

1.b. Interpreter’s Given Name (First Name)

N/A

2. Interpreter’s Business or Organization Name (if any)

N/A

Interpreter’s Mailing Address

3.a. Street Number and Name

N/A


N/A

3.c. City or Town

N/A

3.d. State N/A 3.e. ZIP Code N/A

3.f. Province N/A

3.g. Postal Code N/A

3.h. Country N/A

Interpreter’s Contact Information

4. Interpreter’s Daytime Telephone Number

N/A

5. Interpreter’s Mobile Telephone Number (if any)

N/A

6. Interpreter’s Email Address (if any)

N/A

Interpreter’s Certification

I certify, under penalty of perjury, that:

I am fluent in English and N/A, 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

N/A

7.b. Date of Signature (mm/dd/yyyy) N/A
**Please read instructions: Last two pages**

<table>
<thead>
<tr>
<th>Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide the following information about the preparer.</td>
</tr>
</tbody>
</table>

### Preparer's Full Name

1.a. Preparer's Family Name (Last Name)  
   **N/A**

1.b. Preparer's Given Name (First Name)  
   **N/A**

2. Preparer's Business or Organization Name (if any)  
   **N/A**

### Preparer's Mailing Address

3.a. Street Number and Name  
   **N/A**

   **N/A**

3.c. City or Town  
   **N/A**

3.d. State  
   **N/A**  
3.e. ZIP Code  
   **N/A**

3.f. Province  
   **N/A**

3.g. Postal Code  
   **N/A**

3.h. Country  
   **N/A**

### Preparer’s Contact Information

4. Preparer’s Daytime Telephone Number  
   **N/A**

5. Preparer’s Mobile Telephone Number (if any)  
   **N/A**

6. Preparer’s Email Address (if any)  
   **N/A**

### 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  
   **N/A**

8.b. Date of Signature (mm/dd/yyyy)  
   **N/A**

Entire Page is "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.

<table>
<thead>
<tr>
<th></th>
<th>Family Name (Last Name)</th>
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<th>Given Name (First Name)</th>
<th></th>
<th>Middle Name</th>
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<th>A-Number (if any)</th>
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<tbody>
<tr>
<td>1.a.</td>
<td>WILDCAT</td>
<td>1.b.</td>
<td>WILLIAM EVANSTON</td>
<td>1.c.</td>
<td>N/A</td>
<td>2.</td>
<td>NONE</td>
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<th>Part Number</th>
<th>Item Number</th>
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<tr>
<td>3.a.</td>
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#### 3.d. PREVIOUS ACADEMIC STUDIES

SEVIS ID:

ACADEMIC LEVEL:

SCHOOL NAME:

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

(if misplaced, include a letter)

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<tr>
<td>4.a.</td>
<td>3</td>
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#### 4.d. CPT HISTORY

SEVIS ID:

ACADEMIC LEVEL:

START DATE:

END DATE:

FULL TIME \ PART TIME:

Refer to copy of CPT I-20.

(if misplaced, include a letter)

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#### All Students Must Complete this Page

**Please read instructions: Last two pages**

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<th>Part Number</th>
<th>Item Number</th>
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<td>5.a.</td>
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#### 5.d. OPT HISTORY

SEVIS ID:

ACADEMIC LEVEL:

START DATE:

END DATE:

RECEIPT NUMBER:

Refer to copy of EAD and OPT I-20.

(if misplaced, include a letter)

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<th>Page Number</th>
<th>Part Number</th>
<th>Item Number</th>
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</table>

#### 6.d. N/A

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**Form I-765 Edition 08/25/20**
Instructions
Form I-765 for Post Completion OPT

Important Guidelines and Reminders:
- Always access the Form I-765 at https://www.uscis.gov/
- Download and open the form with Adobe Reader software (https://get.adobe.com/reader/) ONLY – This is free to download. The preview application on Apple products does not work well with this form.
- Most sections can be typed in the fillable PDF
- Sections that must be handwritten should be written with black pen ONLY:
  o Blank text boxes – Add “N/A”
  o Blank numerical boxes – Add “NONE”
  o Page 4, Part 3, 7.a. – Sign your signature by hand.
- It is OK to have a combination of typed and handwritten responses as in our sample document
- Print this form single sided and should be loose-leaf. We do not recommend stapling or paper clipping the I-765.

Review Sample Form I-765 to Locate Numbers Below:

#1:
Write your name as indicated on your Form I-20 and Passport. If you do not have a middle name, leave blank the box Page 1, Part 2, 1.c., Middle Name- you should not write-in “N/A” here.

#2:
Indicate any Nicknames, English Names, Maiden Names, or Aliases. Even if your other name does not appear on a formal document, you must include these details. If you do not have any other names, indicate “N/A” rather than writing your name a 2nd time.

#3:
If you do not have any of nicknames, English names, maiden names, etc., then these are examples of blank text box fields. Students are advised to write “N/A” with a black pen once you have indicated all your “other names”.

#4:
Students have two options for Page 2, Part 2, 5a-7e:
- **OPTION 1:** If you are uncertain of what your mailing address will be within 4-6 months of mailing your application, the OISS advises students to indicate an address where you will be able to receive mail. You may use an address of a friend or family member if you are confident they can receive it and send your EAD card to you.
- **OPTION 2:** If you will remain at your address within 4-6 months of mailing your application, please indicate your current address in 5a-5e. Question 6 would change to “YES”. Questions 7a-7e must have “N/A” added.

#5:
If you have applied for OPT before, you must indicate “YES.”

#6:
If you do not have a social security number or you lost your social security card, please follow the instructions below.
- You do not have a social security number:
  o 13.a. – Select “NO”
  o 13.b. – Write “NONE”
  o 14 – Select “YES”
  o 15 – Select “YES”
  o 16.a. through 17.b. – Indicate your parent’s names.
• You lost your social security card but have a social security number:
  o 13.a. – Select “YES”
  o 13.b. – Write your social security number (if you forgot the number, write “NONE”)
  o 14 – Select “YES”
  o 15 – Select “YES”
  o 16.a. through 17.b. – Indicate your parent’s names.

#7:
For question 19.b - If your country of birth does not have states or provinces, indicate “N/A” with a black pen.

#8:
Indicate your date of birth following the common U.S. format month/day/year even if it is formatted differently on your passport.

#9:
Your I-94 Arrival-Departure number can be found on your entry record which you will need to retrieve and print from https://i94.cbp.dhs.gov/I94/#/home. Select "Get Most Recent I-94" to retrieve your most recent I-94. (Note: you do not need to print/include your travel history from the CBP site)

#10:
For number 21.c., most students will not have a Travel Document. If you do not, then indicate “N/A” in black pen. If you have been issued a Travel Document by any country in which you are not a citizen (this is common if you entered a country as an asylum seeker, for instance), then indicate the number of that document here.

#11:
For number 27, all students applying for Post-Completion OPT must indicate “C 3 B”. This is true even if you are completing a STEM degree since STEM OPT requires a separate application you will submit near the end of your initial period of Post-Completion OPT. **Always use capital letters for number 27.**

#12:
Indicate your contact information for numbers 3, 4, and 5. This should be a U.S. phone number, and your preferred email address after you graduate (note: all students with @u.northwestern.edu email addresses will be able to retain these addresses permanently, so we advise continuing to use them, and/or setting up email forwarding upon graduation).

#13:
**DO NOT FORGET TO SIGN YOUR FORM!!** Failure to sign your Form I-765 will result in rejection of your OPT application. Signatures must be handwritten in black pen. USCIS will not accept electronic signatures.

#14:
Page 7 contains space to include any relevant information not specifically asked for elsewhere on the form. Examples may include: previous SEVIS records from past studies at another institution or at Northwestern, information about any change of status or SEVIS transfer you may have received when you came to Northwestern, all previous authorizations for CPT, any previous periods of OPT you may have had following the completion of a prior degree. Please use as many of these fields as you find necessary to include this additional information.
If none of these things apply to you, or you do not require all of the fields in order to report what you need to, you must still indicate your name in numbers 1.a. and 1.b. but may indicate “NONE” and “N/A” in the remaining fields, as shown in the sample document.

Last Updated: 01/2021