I-765 INSTRUCTIONS

GENERAL INSTRUCTIONS

- The I-765 can be typed or handwritten, or a mix of both.
 - Use black ink for any handwriting.
 - It is fine to hand write portions of the form that do not fit in the boxes provided
 - Any handwriting must be very neat and legible
- If a section on the I-765 does not apply to you, write "N/A" in that field (or "None" if the question asks for a numerical value)
- If you need extra space to complete any item within the application, use the space provided in Part 6. Additional Information.



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



	Authorization/Extension Valid From	Fee Stamp	Action Block	
For USCIS Use Only	Authorization/Extension Valid Through			
	Alien Registration Number A-			
	Remarks			
Tob	oe completed by an attorney or l of Immigration Appeals (BIA)-	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.

Part 1. Reason for Applying

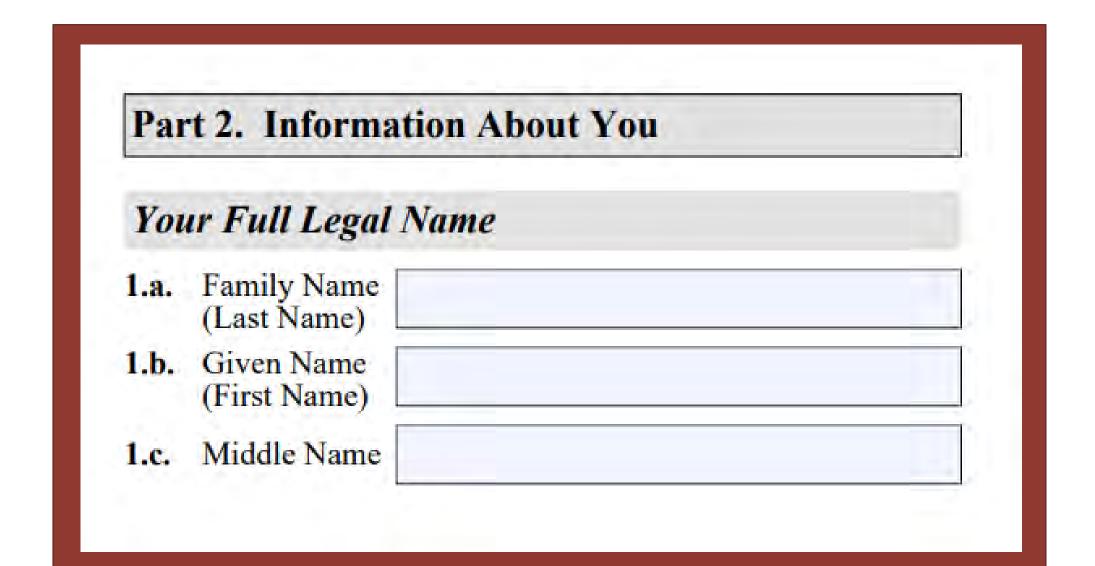
I am applying for (select only one box):

- 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.)



Exactly as it appears exactly on your passport

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)	
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	

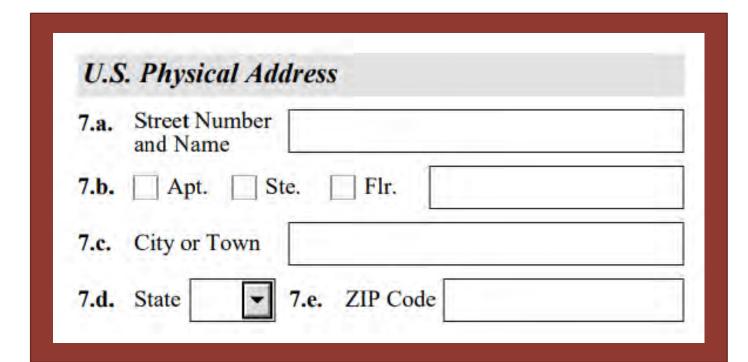
If this does not apply to you, list "N/A" in these fields

ur U.S. Mailing Address
In Care Of Name (if any)
Homer Simpson
Street Number and Name 1234 Awesome Lane
Apt. Ste. Flr.
City or Town Springfield
State IL 5.f. ZIP Code 92154-0619 (USPS ZIP Code Lookup)
Is your current mailing address the same as your physica address? Yes No

- Where you would want to receive your EAD Card and other notifications from USCIS
- Needs to be valid at least 4-5 months into the future
- ☐ You cannot use OIA's address
- ☐ You can use the U.S. address of a reliable friend, relative or employer who can receive the card for you.
- □EADs are considered government documents and cannot be forwarded by the U.S. Postal Service.
- □Zip Code- 9 digits total

ZIP Code XXXXX-XXXX
(USPS ZIP Code Lookup)





- □Current physical address in Chicago
- ☐ Complete only if this address is different from mailing address

List "None" in sections # 8 and 9 (do not usually apply to F-1 students applying for OPT)

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
12. 13.a.	

If you already have an SSN



	► x x x x x x x x x x x x x x x x x x x	x
14.	Do you want the SSA to issue you a Social Security care (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.) Yes	
	NOTE: If you answered "No" to Item Number 14., sk to Part 2., Item Number 18.a. If you answered "Yes" Item Number 14., you must also answer "Yes" to Item Number 15.	to
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 Social Security card. Yes No.	a
	NOTE: If you answered "Yes" to Item Numbers 14 15., provide the information requested in Item Numbers 16.a 17.b.	
Fath	14 15., provide the information requested in Item	
- 100	14 15., provide the information requested in Item Numbers 16.a 17.b.	
Prov	14 15., provide the information requested in Item Numbers 16.a 17.b. er's Name	
Prov	14 15., provide the information requested in Item Numbers 16.a 17.b. er's Name ide your father's birth name. Family Name	
Prov 16.a 16.b	14 15., provide the information requested in Item Numbers 16.a 17.b. er's Name ide your father's birth name. Family Name (Last Name) Given Name	
Prov 16.a 16.b Mot	14 15., provide the information requested in Item Numbers 16.a 17.b. er's Name ide your father's birth name. Family Name (Last Name) Given Name (First Name)	
Prov 16.a 16.b Mot	14 15., provide the information requested in Item Numbers 16.a 17.b. er's Name ide your father's birth name. Family Name (Last Name) Given Name (First Name) her's Name	

If you want to apply for SSN or replacement card; complete #14-17.

If you do not, list "N/A" in sections 16 & 17.

13.h	. Provide your Social Security n	umber (SSN) (if known).
14.	Do you want the SSA to issue : (You must also answer "Yes" t Consent for Disclosure, to rec	to Item Number 15.,
		× Yes No
	NOTE: If you answered "No" to Part 2., Item Number 18.a. Item Number 14., you must al Number 15.	. If you answered "Yes" to
15.	Consent for Disclosure: I aut information from this application for the purpose of assigning me	on to the SSA as required
	Social Security card.	
	NOTE: If you answered "Yes 14 15., provide the informati Numbers 16.a 17.b.	
Fatl	her's Name	
Prov	vide your father's birth name.	
16.a	Family Name (Last Name)	
16.b	Given Name (First Name)	
Mot	ther's Name	
Prov	vide your mother's birth name.	
17.a	Family Name (Last Name)	- 1
17.b	Given Name	- 0

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

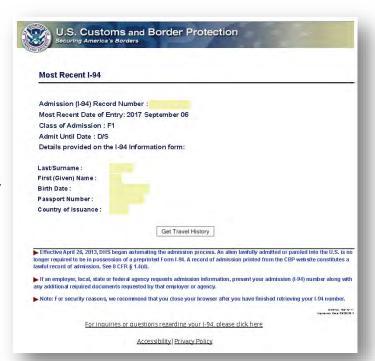
Dependent on your passport(s)

Plac	ce of Birth
	he city/town/village, state/province, and country where
	vere born. City/Town/Village of Birth
	Chyr Town vinage of Birth
19.b.	State/Province of Birth
19.c.	Country of Birth

Exactly as it appears on your passport

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) Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) Place of Your Last Arrival Into the United States 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) Student and Exchange Visitor Information System (SEVIS) Number (if any)

Look at I-94; Travel History



Type or Handwrite "F-1 Post Completion OPT"

Sections 28-31 do not apply to you. Skip the yes/no questions, list "N/A" in 28.a-c, and "None" in 29 & 31.

	0 7 0 7
27.	Eligibility Category. Refer to the Who May File Form 1-765 section of the Form 1-765 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)).
F-	1 Post Completion OPT (C)(3)(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.
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.
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? Wes 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.
	(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. 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? 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.

Information About Your Eligibility Category

Complete this section

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.	I
applicab	ole, select the box for Item Number 2.		

		Select the box for either Item Number 1.a. or 1.b. If e, select the box for Item Number 2.
1.a.	\times	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.
App	olica	unt's Contact Information
3.	App	plicant's Daytime Telephone Number
4.	App	plicant's Mobile Telephone Number (if any)
5	Ani	plicant's Email Address (if any)

Select this box if you are a Salvadoran or Guatemalan

national eligible for benefits under the ABC

settlement agreement.



Part 4. Interpreter's Contact Information, Certification, and Signature	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.		
Interpreter's Mailing Address			
3.a. Street Number and Name	Preparer's Full Name		
3.b. Apt. Ste. Flr.	1.a. Preparer's Family Name (Last Name)		
3.c. City or Town			
3.d. State 3.e. ZIP Code	1.b. Preparer's Given Name (First Name)		
3.f. Province	Preparer's Business or Organization Name (if any)		
3.g. Postal Code			
3.h. Country	Preparer's Mailing Address		
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)	3.a. Street Number and Name 3.b. Apt. Ste. Fir. 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country		
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	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)		
7.a. Interpreter's Signature			

Form I-765 05/31/18 Page 5 of 7

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 (continued)

Pre	par	er'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.
	-	The second secon

> 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

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

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

Form 1-765 05/31/18 Page 6 of 7



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

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)	

Form I-765 05/31/18 Page 6 of 7

Complete only if the following applies:

- 1. CPT (at UChicago)
- 2. Approved for OPT in the past
- 3. Have different SEVIS Number(s) than your current one

Part 6. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
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.	5.d.					
I.a. Family Name (Last Name)						
1.b. Given Name (First Name)						
1.c. Middle Name	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
2. A-Number (if any) ► A-						
3.a. Page Number 3.b. Part Number 3.c. Item Number	6.d.					
3.d.						
	7.a. 7.d.	Page Number	7.b.	Part Number	7.c.	Item Number
I P V I AV P V I A I A V I						
4.a. Page Number 4.b. Part Number 4.c. Item Number						
4.d.		_				

Form I-765 05/31/18 Page 7 of 7

3.a. Page Number 3.b. Part Number 3.c. Item Number 2 12

3.d. CPT Authorizations (as a title to the section)

Employer Name

Start date – End date

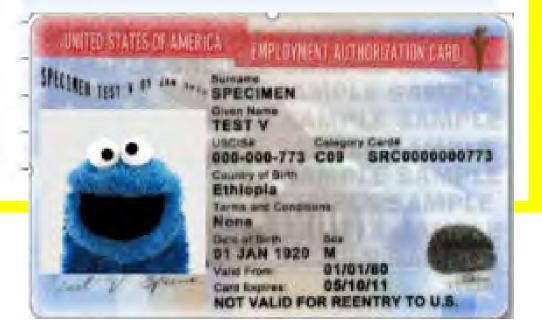
Part-time or Full-time

Degree level (Bachelor's, Master's, or PhD)

Current SEVIS Number



- 3.a. Page Number 3.b. Part Number 3.c. Item Number 2 12
- OPT Authorizations (as a title to the section)
 Start date End date
 Part-time or Full-time
 Degree level (Bachelor's, Master's, or PhD)
 SEVIS Number



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Print and Submit all 7 pages of the I-765, single-sided

	licant's Statement, Contact	Applicant's Declaration and Certification		
Signature NOTE: Read th instructures before	Declaration, Certification, and c Penalties section of the Form 1-765 re completing this section. You must file e in the United States.	Copies of any document I have submitted are exact photocopic of uniform, cogistal documents, and I understand that USCIS rate propies that I submit original documents to USCIS at a last date. Furthermore, I authorise the priletes of any information from my and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.		
	Statement he box for other Hom Number La, or Lb, 11 tile box for Hem Number 2,	I lathermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, in other utilities and persons where necessary for the administration and enforcement of U.S. immigration law.		
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	Authorization Examples Fo	r Stang	Actes Block
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_	Reason for Applying plying for (what only may bee)	Other Names	Cord name you have over mod, nothering distance
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Part 2	Full Legal Name		
Fort 2	usary Name		
Four I			

Part 4. Interpreter's Contact Information. Certification, and Signature	Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant
Interpreter's Muiling Address	Previde the Johnway information about the proporer
3.a. Street Number	Preparer's Full Name
J.b. Apr. Str. Th:	La. Preparer's Family Name (Last Name)
Jac. City or Town	
J.d. Since Jan. 719 Code	Lb. Phéparer's Coven Name (First Name)
J.E. Pressuce	Preparer's Unstruction or Organization Name (of arry)
J.g. Postal Code	2 Project's traction of Organization Scinic (d arr)
J.A. County	Preparer's Mailing Address
	An Speci Namber
Interpreter's Contact Information	and Name
4. Interprete's Daytime Telephone Number	3.6. Api Sec Fle
A STATE OF THE PARTY OF T	3e. Pity or Tanan
Interpreter's Mobile Telephone Number (if any)	3.d. Star - 3.e. 719 Code
	3.1 Province
6. Interferen's Email Address (if any)	Ag. Postal Code
	3.b. Country
Interpreter's Certification	
Leertify, under pensity of prepary, that: Lum there in English and	Preparer's Contact Information
which is the same language specified in Part 3. Hem Number	
1.h. and I have read to this applicant or the abordified language every question and instruction on this application and his or be	
moves to every queezes. The applicant informed we that he calls independently over instruction, queezes, and answer on the	Propager's Mobile Telephone Number (if any)
application, including the Applicant's Declaration and	
Certification, and has verified the accuracy of every answer.	6. Preparer's Dissal Address (Lasty)
Interpreter's Signature	
7,a. Interpreter's Seguence	1
	4
7.6. Date of Signature (meridd/yyyy)	

Part 2. Information About You (continued)	13.b. Powide your Social Security number (SSN) (if known).
Norr CLS. Mailing Address	14. Do you must the SSA to leave, your 2 rooted Security and Oler man after amount "Ver" in Brow Number 18. Consent Brown Browners "Ver" in Brow Number 18. Consent Browners are the Consent and The Consent The T
provide your physical address below.	Father's Name
U.S. Physical Address	Provide synt father's booth easier. 16.4. Family Name
a. Street Number and Name	Last Name
ON DAPE DISNE DEE	(Pent Neme)
Le. Circo Town	Mother's Name
A. Star T.e. ZIP Code	Provide vise mather's birth name.
O1 - 1 C	17.a. Family Nume (Land Nume)
Other Information	17.6. Green Name (First Name)
Alim Registration Number (A.Namber) (if any) A: USCIS Online Account Number (if may)	Your Country or Countries of Crizenship or Nationality
•	List all countries where you are extremtly a cotons or national.
8. Fresder Male Fernale	If you need extra space to complete this farm, out the space provided in Part 6. Additional Information.
Montal Status Saude Married Discovered Widower	18.a. Country
2. Have you personally filled From 1-7602	IRIb. Country
Tes No	
3.a. Has the Social Security Administration (SSA) ever- offenally material a Social Security card to you?	
NOTE: If you arrowed "No" to Hom Number H.a., slop to Hom Number H. If you arrowed "Yos" to Hom Number U.a., provide the information requested to Hom	

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

7.a. If here we naturally or neocolated representatives believe layered the application on what'if it is replease and with the application and with the application.

7.b. If we necessary of necessary of the application in this pass of the application.

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sufference due to be to or the understands all of the information
reasonale, most destinated with, to be of explications and
sufficiently the Applicant's Declaration and Certification, and
that all of this information is complete, see and correct. It
all all of this information is complete, see and correct. It
originally that application is based only on trimmation that the
supplication provided in our an absorted on the others in this

Preparer's Statement

Preparer's Certification

Preparer's Signature

8.6. Preparer's Signature

8.6. Preparer's Signature

8.6. Preparer's Signature

8.7. Preparer's Signature

1.8. Preparer's Signature

Free 1-765, TOTALITE

	Information About Your Eligibility Category 27. Eligibility Category. Relie to the Who May File Form
Place of Birth List the city town yillage, enterprovider, and county where you were been.	1.765 section of the Ferra 1.765 Instructions to determine the appropriate eligibility entrapers for this application. Enter the appropriate limit and smaller for poor eligibili- energies below (the example, (483), (48,178,111).
19.a. City Town Village of Birth	
15.b. Size Province of Earth	 (s)G)(C) STEM OFT Englishin Categors. If you entered the eligibility category (c)G)(C) in Bean Number 22, provide the information respected in Team Number 28, p. 23.6.
Pic, Country of Hinfs	38.a Degree
B. Denc of Elieth (ministry) yay)	283. Englisyer's Name or Lesked in E-Newly
Bit. Dinc of Earth enchologyyyy)	
Information About Your Last Arrival in the United States	28.e. Employer's E-Verify Company Umsafrorien Number (c Valid E-Varify Chem Company Romalication Number
28 a. Form 1-84 Across-Departure Released Northber (of any)	29. gra26s Eligibility Category. If you exceed the dupbile
D.L. Perspect Number of Your Man Recently Insteal Propert	ontogrey (a)(26) or Basic Number 27, provide the receiptions by of year 13-13 spoure's most recent Form 1-797. Notice the Form 1-129, Petraon for a Neuromaniquest.
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M.e. Travel Document Souther (if mg)	A CONTRACTOR CONTRACTO
B.A. Country That Issued Your Prospect or Travel Document	 (2)(8) Eighblity Entegory. If you entered the eighblit category (c)(1) in Itom Number 27, here you EVER have account for miles convenient any account [Ver.] Ser.
Bia. Expenses Date for Propertor Travel Document. (non-Mayyry)	NITTE Byotomiceed Yes' to him Number 20. yele to Special Filing Instructions for These With
2. Date of Yose Last Arrival Into the United States. Up or About sext.del/gryy)	Pending Asylum Applications (cette in the Required Decomentation section of the Form 1-765 Instructions for information about providing court dispositions
23. Place of Yesir Last Arrival Into the United States	 Ir (105) and (rath) Flighbilty Category. If you restored the eligibility orangery (rat 15) in Brea. Number 27., plan provide the nectors number of your pages 1797 Notice for
 thanguiso State at Your Lan Arrest (for example, B-2 vinter, F-1 student, or my status) 	From 1-140, hymnigment Permison for Albert Worker: If you entered the eligibility antegory (CMS) in Journ Number 17., plants periode the recognituation of your species's
25. Vota Current Immagration Stitus on Colegory (for example,	parters Form 1-797 Notice for Form 1-140.
B-2 visitor, F-1 student, panilco, defensal serico, or no status or sategory)	II.ds if you entered the eligibility company is \$13 yes to \$24s. Been Number 27, have you EVER been arrested for and/or committed of any-cross?
 Student and Explorage Vinter Selternition System (SEVES) Number (if any) 	NOTE: If you managed "You" to from Number 31.5.
► N-	refer to Employment-Based Sentemorganet Categorie Brans R 9., or the Wiss May File form 1-765 section of the Form 1-765 Instructions for information about providing assett dispositions.
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Your Name Your Address

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