POST COMPLETION OPT EXAMPLE

This is an EXAMPLE document. Your answers will vary. Please carefully read each question on the I-765 and answer in a way that matches your particular situation. Read the “Instructions for Form I-765” for a more thorough explanation of this form: [https://www.uscis.gov/i-765](https://www.uscis.gov/i-765).

Leave the top portion of the form blank. Start with Part 1.

<table>
<thead>
<tr>
<th>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</th>
<th>Select this box if Form G-28 is attached.</th>
<th>Attorney or Accredited Representative USCIS Online Account Number (if any)</th>
</tr>
</thead>
</table>

**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. **X** 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) | Beaver |
| 1.b. Given Name (First Name) | Benjamin |
| 1.c. Middle Name | N/A |

**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  

Type or print N/A ("not applicable") if a question does not apply to you. For example, write N/A if you don’t have a middle name or if you’ve never used a name other than your legal name.
Your EAD card will be mailed to the address you put here. It can be a residential address or a P.O. Box. Use an “In Care Of” name if you plan to move in the next 2 to 4 months and you would like a friend to receive your EAD card at their address.

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.c. City or Town Corvallis  
7.d. State OR 7.e. ZIP Code 97333

Other Information

8. Alien Registration Number (A-Number) (if any)  
9. USCIS Online Account Number (if any)  

10. Gender  
11. Marital Status  
12. Have you previously filed Form I-765?

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?  
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.)

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.

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) Beaver  
16.b. Given Name (First Name) Buddy

Mother’s Name  
Provide your mother’s birth name.

17.a. Family Name (Last Name) Beaverson  
17.b. Given Name (First Name) Benjamina

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 Beaver Nation  
18.b. Country NA

Leave the A-Number blank unless you have a previous EAD card. If so, write your USCIS number here.

Leave the USCIS Online Account Number blank.

Most students will select “No.” Select “Yes” if you have applied for OPT before and update part 6 of this form.

Select “Yes” if you’ve received a Social Security card in the past and “No” if you have not.

If you do not have a Social Security card, you can use this form to have one issued for you.
### 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  
Beaverton

19.b. State/Province of Birth  
NA

19.c. Country of Birth  
Beaver Nation

20. Date of Birth (mm/dd/yyyy)  
10/27/1952

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

21.a. Form I-94 Arrival-Departure Record Number (if any)  
[98765432100]

21.b. Passport Number of Your Most Recently Issued Passport  
123456

21.c. Travel Document Number (if any)  
NA

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

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)  
01/01/2024

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)  
01/20/2020

23. Place of Your Last Arrival Into the United States  
Portland OR

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-00123456789

If you've ever had a different SEVIS number in the past, please make sure to list it on Part 6 of this form.

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Use the code (c)(3)(B) here. If you've participated in CPT during your most recent degree program, make sure to update Part 6 of this form.  
(NOTE: Part-time CPT does NOT count toward OPT eligibility.)

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YOU MAY SKIP THIS SECTION
Part 2. Information About You (continued)

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

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

5551234567

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

5551234567

5. Applicant's Email Address (if any)

Benny.Beaver@oregonstate.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 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) 08/25/2020

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

YOU MAY SKIP THIS SECTION

Don't forget to sign here in BLACK ink!
Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

You may skip this page.

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
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<tbody>
<tr>
<td><strong>Part 6. Additional Information</strong></td>
<td><strong>Page Number</strong> 3</td>
<td><strong>Part Number</strong> 2</td>
<td><strong>Item Number</strong> 27</td>
</tr>
<tr>
<td><strong>5.d. Full-time CPT authorized from 3/30/2020 to 6/12/2020 at the Master's level. See attached CPT I-20 as evidence.</strong></td>
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</table>

**THE SITUATIONS DESCRIBED BELOW MAY OR MAY NOT APPLY TO YOU. IF THE SITUATION DOES APPLY TO YOU, PLEASE EDIT THE EXAMPLE TEXT TO SUIT YOUR NEEDS. MAKE SURE TO COPY THE PAGE NUMBER, PART NUMBER, AND ITEM NUMBER AS SHOWN IN THE RELEVANT EXAMPLE.**

1. **Family Name (Last Name)** Beaver  
2. **Given Name (First Name)** Benjamin  
3. **Middle Name** N/A  
4. **A-Number (if any)** ▶ A-  
5. **Post-completion OPT previously authorized from 1/1/2017 to 12/31/2017 at the Bachelor's level. See OPT I-20s and previous EAD card as evidence.**

If you answered "Yes" to Item Number 12 on page 2, you should list some information here about the previous time that you applied for OPT and for which education level. You should attach your previous OPT I-20s and your old EAD card. (Even if the OPT request was denied, write that information here and attach a copy of the denial notice, if you have it.)

6. **Previously used SEVIS number:** N00987654321. See attached previous I-20s as evidence.  

If you previously had an I-20 with a different SEVIS number, you should list that information here. You should also include copies of the old I-20s with the different SEVIS number.