



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 07/31/2022

24-MONTH OPT STEM EXTENSION 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>

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

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 type="text"/>
--	--	--

▶ **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.)

Make sure to check the "Renewal" box

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

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.



Part 2. Information About

Your U.S. Mailing Address

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.

5.a. In Care Of Name (if any)

5.b. Street Number and Name

5.c. Apt. Ste. Flr.

5.d. City or Town

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

7.a. Street Number and Name

7.b. Apt. Ste. Flr.

7.c. City or Town

7.d. State 7.e. ZIP Code

Other Information

The A-Number is the same as the USCIS Number on your EAD card.

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?
 Select "Yes" and update part 6 of this form. Yes No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
 Select "Yes" if you've received a Social Security card in the past and "No" if you have not. 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).
 ▶

Leave the USCIS Online Account Number blank

Select "Yes" 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.

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

If you do not have a Social Security card, you can use this form to request to have one issued for you. Most students applying for the OPT STEM Extension, already have a Social Security card and can skip to Item Number 18.a on this form.

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)

16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name)

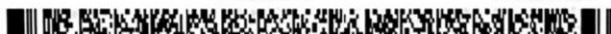
17.b. Given Name (First Name)

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



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

N A

Type or print the name of the country as it was named when you were born, even if the country's name has changed or the country no longer exists.

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

Go here to find your electronic I-94 record: <https://i94.cbp.dhs.gov>

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

▶ 9 8 7 6 5 4 3 2 1 0 0

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

123456

21.c. Travel Document Number (if any)

N A

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.

Information About Your Eligibility Category

27. Eligibility Category. Refer to the Who May File Form

Use the code (c)(3)(C) here.

If your full degree and major do not fit on the form, you may handwrite the information in black ink or use Part 6 of the form to add more information.

If you are applying for the STEM extension based on a previously earned STEM degree (prior to your most recently earned degree) you must include additional evidence. See Part 6 for an example.

Instructions to determine category for this application. Enter the number for your eligibility category (a)(8), (c)(17)(iii).

(c) (3) (C)

Eligibility Category. If you select (c)(3)(C) in Item Number 27, you must include additional evidence. See Part 6 for an example.

28.a. Degree Bachelors in Com

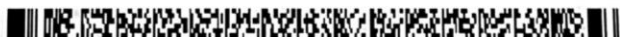
28.b. Employer's Name as Listed in E-Verify

Company A

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

123456

**YOU
MAY
SKIP
THIS
SECTION**



Part 2. Information About You (continued)

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

**YOU
MAY
SKIP
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.** 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.



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)

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

SKIP

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

**YOU
MAY
SKIP
THIS
SECTION**



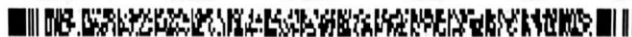
Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's 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

**YOU
MAY
SKIP
THIS
PAGE**



Part 6. Additional Information

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.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. Post-completion OPT previously authorized from 1/1/2016 to 12/31/2016 (Bachelor's) and 10/1/2019 to 9/30/2020 (Master's). 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.)

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

4.d. 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.

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

5.d. I am STEM eligible based on a PREVIOUSLY earned Bachelor's degree in Computer Science (11.0101), completed on 6/30/2016. See attached transcript, diploma, Bachelor's level I-20s, and accreditation/certification evidence.

PREVIOUSLY EARNED DEGREE

In rare situations, a student may wish to apply for the OPT STEM Extension based on a previously earned STEM degree (prior to the most recently earned degree). If this is the case, the I-765 instructions state that you must include "a copy of your prior STEM degree and evidence that the institution is currently accredited by the U.S. Department of Education and certified by the SEVP."

Database of U.S. Department of Education accredited institutions: <https://studyinthestates.dhs.gov/school-search>

The example above provides sample wording for this type of situation.

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. _____

