

I-765 – Important notes

#16

For pre-completion put (C)(3)(A)

For post-completion, put (C)(3)(B)

#17

Do not answer

I-765 form (sample)

OMB No. 1615-0040; Expires 08/31/08

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

I-765, Application For
Employment Authorization

Do not write in this block.

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (circle One) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

DO NOT WRITE ANYTHING HERE!

I am applying for: Permission to accept employment. **←CHECK THIS BOX!**
 Replacement (of lost employment authorization document)
 Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First)	(Middle)	Which USCIS Office?	Date(s)
SURNAME, Given Name		Nebraska Service Center	05/14/06- 05/13/07
2. Other Names Used (Include Maiden Name)		Results (Granted or Denied - attach all documentation)	
N/A (not applicable)		Granted (attach previous EAD card)	
3. Address in the United States (Number and Street)	(Apt. Number)	12. Date of Last Entry into the U.S. (mm/dd/yyyy)	
3300 South Federal St.		Date stamp of entry on I-94 card	

I-765 (continued)

(Town or City) (State/Country) (ZIP Code)
Chicago IL 60616

4. Country of Citizenship/Nationality
India

5. Place of Birth (Town or City) (State/Province) (Country)
Mumbai, Maharashtra, India

6. Date of Birth (mm/dd/yyyy) 7. Gender
12/12/1982 Male Female

8. Marital Status Married Single
 Widowed Divorced

9. Social Security Number (Include all numbers you have ever used) (if any)
012-34-5678

10. Alien Registration Number (A-Number) or I-94 Number (if any)
I-94 #: include all 11 digits

11. Have you ever before applied for employment authorization from USCIS?
 Yes (If yes, complete below) No
← If previously had OPT

13. Place of Last Entry into the U.S.
Chicago, IL

14. Manner of Last Entry (Visitor, Student, etc.)
Student

15. Current Immigration Status (Visitor, Student, etc.)
Student

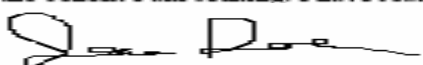
16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (s)(8), (c)(17)(iii), etc.).
 Eligibility under 8 CFR 274a.12 (See previous page for codes)

17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.
 Degree: _____
 Employer's Name as listed in E-Verify: _____
 Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number: _____

DO NOT WRITE ANYTHING HERE!

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature:  Telephone Number: **(123) 456-7890** Date: **04/10/2008**

Signature of person preparing form, if other than above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Remarks	Initials of Rec'd	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned

DO NOT WRITE ANYTHING HERE!

Illinois Institute of Technology

Int'l.Center
Approved _____
Date _____
Signature _____
721 _____

International Center
3300 S. Federal Street
Main Building, Room 405
Chicago, IL 60616
Phone: (312) 567-3680
Fax: (312) 567-3687

Advisor's Recommendation For Optional Practical Training

6/07

I. TO BE COMPLETED BY THE STUDENT

Last Name _____ First Name _____

IIT Student ID _____ SEVIS ID# _____

Telephone _____ E-mail _____

Degree sought _____ Major _____

Dates of all previous CPTs: _____
(Indicate whether FT or PT)

Requested dates of OPT: From (mm/dd/yy) _____ To (mm/dd/yy) _____

Check what type of OPT you are applying for:
 Pre-Completion OPT (FT before completing degree) OR Post-completion OPT (FT after degree)

Do you have dependents currently in the US on F-2 status Yes No

II. TO BE COMPLETED BY THE ACADEMIC ADVISOR

The student named above has been enrolled full time for at least one academic year at IIT. I believe that practical training in his/her area of study is essential in preparing the student for a future career. By signing below, I recommend the student for optional practical training in his/her area of study.

Name of Academic Advisor _____

Expected completion date of all degree requirements _____ (mo/yr)

Date _____ Signature _____

Please see reverse side of this form for information explaining the terms and conditions of optional practical training.

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 Replacement (*of lost employment authorization document*)
 Renewal of my permission to accept employment (*attach previous employment authorization document*).

1. Name (Family Name in CAPS) (First)	(Middle)	Which USCIS Office?	Date(s)
2. Other Names Used (Include Maiden Name)	Results (Granted or Denied - attach all documentation)		
3. Address in the United States (Number and Street)	(Apt. Number)	12. Date of Last Entry into the U.S. (mm/dd/yyyy)	
(Town or City)	(State/Country)	(ZIP Code)	13. Place of Last Entry into the U.S.
4. Country of Citizenship/Nationality	14. Manner of Last Entry (Visitor, Student, etc.)		
5. Place of Birth (Town or City)	(State/Province)	(Country)	15. Current Immigration Status (Visitor, Student, etc.)
6. Date of Birth (mm/dd/yyyy)	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
8. Marital Status <input type="checkbox"/> Married	<input type="checkbox"/> Single		
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced		
9. Social Security Number (Include all numbers you have ever used) (if any)			
10. Alien Registration Number (A-Number) or I-94 Number (if any)			
11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If yes, complete below) <input type="checkbox"/> No			
16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.). Eligibility under 8 CFR 274a.12 () () ()			
17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below. Degree: _____ Employer's Name as listed in E-Verify: _____ Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number: _____			

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature _____ Telephone Number _____ Date _____

Signature of person preparing form, if other than above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name _____ Address _____ Signature _____ Date _____

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned

