

SAMPLE FORM I-765 FOR 17-MONTH OPT STEM EXTENSION

#3: Enter your U.S. address here. The address you type in section 3 of your I-765 is where USCIS will mail your EAD card after the OPT is approved. Be sure that you will live at this address at least 3 months from the date you submit your application. If you are uncertain where you will be living in 3 months, you may use our office address.

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

For USCIS Use Only

Fee Stamp

☐ Application Approved

☐ Authorization/Extension Valid From

☐ Authorization/Extension Valid To

Subject to the following conditions:

I am applying for: ☐ Permission to accept employment ☒ Renewal of my permission to accept employment

1. Full Name (Family Name) (First Name) (Middle Name)
FAMILY NAME First Name

2. Other Names Used (include Maiden Name)

3. U.S. Mailing Address (Street Number and Name) (Apt. Number)
Your U.S. Address

(Town or City) (State) (ZIP Code)

Your U.S. Address

4. Country of Citizenship or Nationality
Croatia

5. Place of Birth (Town or City) (State/Province) (Country)
Slavonski Brod Croatia

6. Date of Birth (mm/dd/yyyy) 01/19/1983

7. Gender ☒ Male ☐ Female

8. Marital Status ☒ Married ☐ Single ☐ Divorced ☐ Widowed

9. Social Security Number (Include all numbers you have ever used, if any)
123-45-6789

10. Alien Registration Number (A-Number) or Form I-94 Number (if any)
12345678912

Have you ever before applied for employment authorization from USCIS?

☒ Yes (Complete the following questions.)

Which USCIS Office?

Dates

Vermont Service Center

04/01/2015-03/31/2016

Results (Granted or Denied - attach all documentation)

Granted

☐ No (Proceed to Question 12.)

12. Date of Last Entry into the U.S., on or about (mm/dd/yyyy)
08/10/2015

13. Place of Last Entry into the U.S.
New York City, NY - JFK

Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)
F-1 Student

OMB No. 1615-0040; Expires 02/28/2018

I-765, Application For Employment Authorization

Action Block

Initial Receipt

Resubmitted

Relocated

17-Month OPT STEM Extension = (C)(3)(C)

Completed

Denied

Application Denied - Failed to establish:

Eligibility under 8 CFR 274a.12 (a) or (c)

☐ Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)

A#

☐ Applicant is filing under section

☐ Replacement (of lost employment authorization document) or ☐ Reemployment (attach a copy of your previous employment authorization document).

15. Current Immigration Status (Visitor, Student, etc.)
F-1 Student

16. Eligibility Category. Go to the "Who May File For Form I-765?" section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.

(C) (3) (C)

17. (c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in Question 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 MS: Comp Sci & Eng Employer's Name as listed in E-Verify Sample Company, Inc.
Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number 123456

18. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Question 16 above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.

Certification

I certify, under penalty of perjury, 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 the benefit I am seeking. I have read the "Who May File Form I-765" section of the instructions and have identified the eligibility category in Question 16.

Applicant Signature SIGN YOUR NAME!!

Date of Signature (mm/dd/yyyy) 01/04/2016

Telephone Number (999) 999-9999

Signature of Person Preparing Form, If Other Than Applicant

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I am aware.

Signature

Date (mm/dd/yyyy)

Name

For 01/04/15 Y

Select "Renewal of my permission to accept employment".

Type your Social Security Number here.

Type your 11-digit I-94 number here.
www.cbp.gov/I94

Which USCIS Office?
- EAC = Vermont Service Center
- LIN = Nebraska Service Center
- SRC = Texas Service Center
- WAC = California Service Center
Dates:
- Start and End Dates on EAD Card

Include short trips to Canada. This date may be different than the date listed on your Most Recent I-94.

List the City and State. If there is more than one airport in that city, please specify which airport. Example: New York City, NY (JFK or LaGuardia)

You may need to hand write these dates.

List your degree and employment details in #17. Be sure to include the employer's E-Verify number!

Don't forget to sign and date your I-765 in BLUE ink before mailing it to USCIS!