

Do not write in this block.

**SAMPLE I-765 Form to Apply for 12-Month Initial OPT –  
Follow these instructions carefully:**

1. Go to <http://www.uscis.gov/files/form/i-765.pdf>
2. Type information on the form using ISSS instructions below, not the instructions found on the website. Type and print; **do not use handwriting**.
3. Bring this form to the meeting with an ISSS adviser to request a new I-20.

☐ Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).

☐ Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)

I am applying for:

- ☒ Permission to accept employment.  
☐ 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)

LAST NAME, First Name Middle

Fill in this section only if you answered  
"yes" for question 11.

2. Other Names Used (Include Maiden Name)

Results (Granted

Use the ISSS address as shown here.

ISSS, University of Iowa 1111 UCC

(Town or City) (State/Country) (ZIP Code)  
Iowa City, IA 52242

4. Country of Citizenship/Nationality

12. Date of Last Entry into the U.S. (mm/dd/yyyy)

Enter the information found on I-94 card.

13. Place of Last Entry into the U.S.

Enter the information found on I-94 card.

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

F-1 Student (if not F-1, please consult ISSS advisor)

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

F-1 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, (a)(8), (c)(17)(iii), etc.).

Eligibility under 8 CFR 274a.12 ( c ) ( 3 ) ( B )

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.

Do not fill in section 17, it is not  
necessary for this application.

Degree:

Employer's Name

Employer's E-Verify 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

Remember to sign your form.

Telephone Number

You may use your own telephone number here.

Date