

## SAMPLE I-765 Form to Apply for 12-Month Initial OPT –

Follow these instructions carefully:

1. Go to <http://www.uscis.gov/sites/default/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.

USCIS Use Only		Relocated	
		Received	Sent
<input type="checkbox"/> Application Approved		<input type="checkbox"/> Completed	
<input type="checkbox"/> Application Denied - Failed to establish:		Approved	Denied
<input type="checkbox"/> Authorization/Extension Valid From _____		A# _____	
<input type="checkbox"/> Authorization/Extension Valid To _____			
Subject to the following conditions: _____		<input type="checkbox"/> Applicant is filing under section 274a.12 _____	

I am applying for: ☒ Permission to accept employment. ☐ Replacement (of lost employment authorization document).  
☐ Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).

1. Full Name (Family Name) (First Name) (Middle Name) \_\_\_\_\_  
\_\_\_\_\_ (Last Name)

3. U.S. Mailing Address (Street Number and Name) (Apt. Number) \_\_\_\_\_  
ISSS, University of Iowa 1111 UCC  
(Town or City) (State) (ZIP Code)  
Iowa City IA 52242

4. Country of Citizenship or Nationality \_\_\_\_\_

5. Place of Birth (Town or City) (State/Province) (Country) \_\_\_\_\_

6. Date of Birth (mm/dd/yyyy) \_\_\_\_\_

7. Gender ☐ Male ☐ Female

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

9. Social Security Number (Include all numbers you have ever used, if any) \_\_\_\_\_

10. Alien Registration Number (A-Number) or Form I-94 Number (if any) \_\_\_\_\_  
This is the 11 digit number from your I-94 record, found at <https://i94.cbp.dhs.gov/i94/request.html>

11. Have you ever before applied for employment authorization from USCIS?  
☒ Yes (Complete the following questions.)  
Which USCIS Office? \_\_\_\_\_ Dates \_\_\_\_\_  
Fill in this "Yes" section only if you answered "yes" for question 11  
Results (Granted or Denied - attach all documentation) \_\_\_\_\_  
☒ No (Proceed to Question 12.)

12. Date of Last Entry into the U.S., on or about (mm/dd/yyyy) \_\_\_\_\_  
Enter the information found on I-94 record

13. Place of Last Entry into the U.S. \_\_\_\_\_  
Enter the information found on I-94 record

14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.) \_\_\_\_\_  
F-1 Student (If not F-1, please consult an ISSS advisor)

15. Current Immigration Status (Visitor, Student, etc.) \_\_\_\_\_  
F-1 Student (If not F-1, please consult an ISSS advisor)

16. Eligibility Category. Go to the "Who May File 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 ) ( B )

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 \_\_\_\_\_ Employer's Name as listed in E-Verify \_\_\_\_\_  
Employer's E-Verify Company Identification Number \_\_\_\_\_  
E-Verify Client Company Identification Number \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_  
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 eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in Question 16.

Signature \_\_\_\_\_ Remember to sign your form.  
Date of Signature (mm/dd/yyyy) \_\_\_\_\_  
Telephone Number \_\_\_\_\_ You may use your own telephone number here.

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 have any knowledge.

Signature \_\_\_\_\_  
Date of Signature (mm/dd/yyyy) \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Address \_\_\_\_\_

Use the ISSS address as shown here.

Do not fill out crossed out sections 17, 18, or last section.