

Filing Form I-765 Guideline

University of Central Oklahoma
Office of Global Affairs



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

I-765, Application For Employment Authorization

Filling Guideline of Form I-765 for Employment Authorization.

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
			Relocated	
			Received	Sent
			Completed	
	<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____	<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f) <input type="checkbox"/> Applicant is filing under section 274a.12 _____	Approved	Denied
			A#	

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)

2. Other Names Used (include Maiden Name)

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

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

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)

11. Have you ever before applied for employment authorization from USCIS?

☐ Yes (Complete the following questions.)

Which USCIS Office? Dates

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)

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

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

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

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.

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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 or a Valid E-Verify Client Company Identification Number

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.

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

Date of Signature (mm/dd/yyyy)

Telephone Number

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

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

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<input type="checkbox"/> Applicant is filing under section 274a.12 _____				

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

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

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

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Signature

Date of Signature (mm/dd/yyyy)

Telephone Number

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

Check *Permission to accept employment* for new employment applicants.

Check *renewal of my permission* for applicants with current EAD (employment authorization documents).

Check *Replacement* if you have lost your EAD card and need a new one.

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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

Date of Signature (mm/dd/yyyy)

Telephone Number

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

Items 1 – 2:

List your name as it appears on your Form I-20 and passport

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

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3. U.S. Mailing Address (Street Number and Name) (Apt. Number)
 (Town or City) (State) (ZIP Code)

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)

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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 _____

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.

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 _____

Date of Signature (mm/dd/yyyy) _____

Telephone Number _____

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 _____

Items 1 – 2:

List your name as it appears on your Form I-20 and passport

Item 3:

Use an address that will be valid at least 3-5 months from the date you apply for OPT. EADs are government documents and cannot be forwarded by the U.S. Postal Service. If your address will be changing in less than 3 months, please use an address of a reliable friend or relative in the U.S. who can receive the card for you, and put "C/O" followed by your friend's name and then the street number on Item 3.

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8. Marital Status
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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

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.

Applicant's Signature

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Signature

Date of Signature (mm/dd/yyyy)

Telephone Number

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

Items 4:

List your country of citizenship as it appears on your Form I-20 and passport

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

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7. Gender ☐ Male ☐ Female

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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)

11. Have you ever before applied for employment authorization from USCIS?

☐ Yes (Complete the following questions.)

Which USCIS Office? _____ Dates _____

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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

Date of Signature (mm/dd/yyyy) _____

Telephone Number _____

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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 _____

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Printed Name _____

Address _____

Items 4:

List your country of citizenship as it appears on your Form I-20 and passport

Items 5-8:

Fill in the information according to your Form I-20 and passport

Common mistakes on Items 6.:
Date of Birth needs to be in the order of **Month/Date/Year**.

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Date of Signature (mm/dd/yyyy) _____

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Signature _____

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Printed Name _____

Address _____

Items 4:

List your country of citizenship as it appears on your Form I-20 and passport

Items 5-8:

Fill in the information according to your Form I-20 and passport

Common mistakes on Items 6.:
Date of Birth needs to be in the order of **Month/Date/Year**.

Item 9:

If you are currently working on campus, or worked on campus and have SSN already, please put down your SSN. Otherwise, put "N/A"

Department of Homeland Security
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Which USCIS Office? _____ Dates _____

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)

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

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

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

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.

() () ()

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 or a Valid E-Verify Client Company Identification Number

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.

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

Date of Signature (mm/dd/yyyy)

Telephone Number

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

Item 10:

Enter the eleven (11) digit number from your most recent digital I-94 card

To obtain I-94, visit

<https://i94.cbp.dhs.gov/>

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

I-765, Application For Employment Authorization

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
			Relocated	
			Received	Sent
			Completed	
<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f) <input type="checkbox"/> Applicant is filing under section 274a.12 _____		
		A#		

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)

2. Other Names Used (include Maiden Name)

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

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

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)

11. Have you ever before applied for employment authorization from USCIS?

☐ Yes (Complete the following questions.)

Which USCIS Office? _____ Dates _____

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)

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

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

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

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.

() () ()

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 or a Valid E-Verify Client Company Identification Number

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.

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

Date of Signature (mm/dd/yyyy)

Telephone Number

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

Item 10:

Enter the eleven (11) digit number from your most recent digital I-94 card

To obtain I-94, visit

<https://i94.cbp.dhs.gov/>

Item 11:

If you have applied for EAD before and filed From I-765 with USCIS, place an "X" in the box for "Yes". Indicate the USCIS office you filed the Form, date, and the result of the application. include a copy of your previous EAD in your supporting documents.

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

I-765, Application For Employment Authorization

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
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		A#		

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)

2. Other Names Used (include Maiden Name)

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

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

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)

11. Have you ever before applied for employment authorization from USCIS?

☐ Yes (Complete the following questions.)

Which USCIS Office? _____ Dates _____

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)

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

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

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

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.

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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 or a Valid E-Verify Client Company Identification Number

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.

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

Date of Signature (mm/dd/yyyy)

Telephone Number

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

Item 10:

Enter the eleven (11) digit number from your most recent digital I-94 card

To obtain I-94, visit

<https://i94.cbp.dhs.gov/>

Item 11:

If you have applied for EAD before and filed From I-765 with USCIS, place an "X" in the box for "Yes". Indicate the USCIS office you filed the Form, date, and the result of the application. include a copy of your previous EAD in your supporting documents.

Item 12:

Refer to your passport. Look for the date on the stamp you got on your passport when you entered the U.S. as F-1 student last time.

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

I-765, Application For Employment Authorization

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
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		A#		

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)

2. Other Names Used (include Maiden Name)

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

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

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)

11. Have you ever before applied for employment authorization from USCIS?

☐ Yes (Complete the following questions.)

Which USCIS Office? Dates

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)

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

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

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

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.

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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 or a Valid E-Verify Client Company Identification Number

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.

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

Date of Signature (mm/dd/yyyy)

Telephone Number

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

Item 13:

Refer to the passport stamp or I-20 stamp to see the city of your last entry. The city will have a three letter abbreviation.

Example: ALT, for Atlanta, GA

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

I-765, Application For Employment Authorization

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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)

2. Other Names Used (include Maiden Name)

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

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

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)

11. Have you ever before applied for employment authorization from USCIS?

☐ Yes (Complete the following questions.)

Which USCIS Office? _____ Dates _____

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)

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

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

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

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.

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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 or a Valid E-Verify Client Company Identification Number

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.

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

Date of Signature (mm/dd/yyyy)

Telephone Number

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

Item 13:

Refer to the passport stamp or I-20 stamp to see the city of your last entry

Item 14:

Enter F-1 Student if you entered the U.S. with your F-1 VISA. You will not be eligible to file for OPT your last entry to U.S. was not in F-1 status

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

I-765, Application For Employment Authorization

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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)

2. Other Names Used (include Maiden Name)

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

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

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)

11. Have you ever before applied for employment authorization from USCIS?

☐ Yes (Complete the following questions.)

Which USCIS Office? _____ Dates _____

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)

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

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

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

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.

() () ()

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 or a Valid E-Verify Client Company Identification Number

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.

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

Date of Signature (mm/dd/yyyy)

Telephone Number

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

Item 13:

This section refers to the U.S. city where you most recently entered the U.S.

Item 14:

Enter F-1 Student if you entered the U.S. with your F-1 VISA. You will not be eligible to file for OPT your last entry to U.S. was not in F-1 status

Item 15:

Enter F-1 Student. Even if you have graduated you are still on an F-1 Visa status. Your F-1 Status will be valid up to 60 days after the graduation.

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

I-765, Application For Employment Authorization

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		Approved	Denied	A#

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)

2. Other Names Used (include Maiden Name)

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

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

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)

11. Have you ever before applied for employment authorization from USCIS?

☐ Yes (Complete the following questions.)

Which USCIS Office? _____ Dates _____

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)

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

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

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

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.

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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 or a Valid E-Verify Client Company Identification Number

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.

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

Date of Signature (mm/dd/yyyy)

Telephone Number

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

Item 16:

Enter the following in this section:

For pre-completion OPT → (c) (3) (A)

For post-completion OPT → (c) (3) (B)

STEM extension OPT (c) (3) (C)

Economic Hardship → (c) (3) (iii)

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

I-765, Application For Employment Authorization

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		Approved	Denied	A#

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)

2. Other Names Used (include Maiden Name)

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

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

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)

11. Have you ever before applied for employment authorization from USCIS?

☐ Yes (Complete the following questions.)

Which USCIS Office? _____ Dates _____

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)

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

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

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

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.

() () ()

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 or a Valid E-Verify Client Company Identification Number

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.

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

Date of Signature (mm/dd/yyyy)

Telephone Number

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

Item 17-18:

You do not need to complete it . Just leave it blank unless you are a STEM major. If you are a STEM major you will need to fill out your degree and the E-varification number for your current employer.

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

I-765, Application For Employment Authorization

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
			Relocated	
			Received	Sent
			Completed	
<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f) <input type="checkbox"/> Applicant is filing under section 274a.12 _____		Approved Denied A# _____

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)

2. Other Names Used (include Maiden Name)

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

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

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)

11. Have you ever before applied for employment authorization from USCIS?

☐ Yes (Complete the following questions.)

Which USCIS Office? _____ Dates _____

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)

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

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

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

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.

() () ()

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 or a Valid E-Verify Client Company Identification Number _____

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.

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 _____

Date of Signature (mm/dd/yyyy) _____

Telephone Number _____

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 _____

Sign and date the form using an ink pen. Make sure the format of the date is **Month/Date/Year**

Provide the telephone number where you can be reached easily in case USCIS needs to contact you regarding your application

If you have questions or concerns, feel free to contact Office of Global Affairs at:

dso@uco.edu, or
+1 (405) 974-2390

Good Luck!!

