Filing Form I-765 Guideline University of Central Oklahoma Office of Global Affairs

I-765, Application For **Employment Authorization**

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

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	pplication Approved				to establish:	Approved	Denied
1] Authorization/Extension Valid From	Eligibi 8 CFR	ility una	der II	conomic necessity under CFR 274a.12(c)(14), (18)		
្រ	Authorization/Extension Valid To	(a) or			nd 8 CFR 214.2(f)	A#	
	ubject to the following conditions:				Applicant is filing unde	r section 274a.12	
l an	a applying for: Permission to accept employment. Renewal of my permission to acce	A CONTRACTOR OF A CONTRACTOR O		2414 B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	employment authorization of your previous employ	NOD POST HOUSE	on document).
1.	Full Name (Family Name) (First Name) (Midd	le Name)	15.	Current	Immigration Status (Vi	isitor, Student, et	c.)
2.	Other Names Used (include Maiden Name)		16.	section o	y Category. Go to the " f the Instructions. In the per of the eligibility category	space below, pla zory you selected	ce the letter
3.	U.S. Mailing Address			instructio	ns. For example, (a)(8),	(c)(17)(III), etc.	
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	(Town or City) (State) (ZIP C	lode)	17.	category employer E-Verify	Eligibility Category. If (c)(3)(C) in Question 16 's name as listed in E-Ve Company Identification	above, list your rify, and your en Number or a val	degree, your nployer's id E-Verify
4.	Country of Citizenship or Nationality			Client Co Degree	mpany Identification Nu Emplo	mber in the spac oyer's Name as li	
5.	Place of Birth (Town or City) (State/Province) (Cou	untry)			r's E-Verify Company Id Client Company Identifi		ber or a Valid
6.	Date of Birth (mm/dd/yyyy)	21 72	18.		ligibility Category. If y		
7.	Gender Male Female			number o	(c)(26) in Question 16 a of your H-1B principal sp	ouse's most rece	
8.	Marital Status Married Single Divorced W	idowed	-	Notice of	Approval for Form I-12	9.	
9.	Social Security Number (Include all numbers you have a	ever	Ap	plicant's S	ignature		
	used, if any)		1 ce	rtify, under rect. Furth	r penalty of perjury, that ermore, I authorize the re	the foregoing is clease of any infe	true and ormation that
10.	Alien Registration Number (A-Number) or Form 1-94 (if any)	Number	U.S elig For	5. Citizensh sibility for 1 rm 1-765?*	ip and Immigration Serv the benefit I am seeking. section of the instruction gibility category in Que:	ices needs to det I have read the ns and have iden	ermine "Who May File
11.	Have you ever before applied for employment authori	zation	Sig	nature			
	from USCIS?		Dat	te of Signa	ture (mm/dd/yyyy)		
	Yes (Complete the following questions.)			ephone Nu			
	Which USCIS Office? Dates			3130 (S)	2020-20-20-20-20-20-20-20-20-20-20-20-20		
	Results (Granted or Denied - attach all documentation	(1)	Sig	nature of	Person Preparing Form	, If Other Than	Applicant
	results (chance of Denied - ander an documentatio		I de	clare that t	his document was prepar is based on all informatic	red by me at the	request of the
	No (Proceed to Question 12.)			wledge.	is based on all informatic	on of which I hav	e any
12.	Date of Last Entry into the U.S., on or about (mm/dd/y	ууу)	Sig	nature			
-			Dat	te of Signa	ture (mm/dd/yyyy)		
13.	Place of Last Entry into the U.S.			nted Name			
-			Ad	dress	17		
14.	Status at Last Entry (B-2 Visitor, F-1 Student, No Lawf Status, etc.)	u		<u> </u>			

Filling Guideline of Form I-765 for Employment Authorization.

I-765, Application For **Employment Authorization**

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_	Application Approved Authorization/Extension	Application Denie Eligibility unde S CFR 274a.12	100	d to establish: Economic necessity under 8 CFR 274n.12(c)(14), (18)	Approved	Denied
E	Authorization/Extension Valid To	(a) or (c)		and 8 CFR 214.2(f)	A#	
5	Subject to the following conditions:			Applicant is filing under	r section 274a.12	
l an	n applying for: Permission to accept employment Renewal of my permission to accept			st employment authorization y of your previous employ	Sen Provide Storage State	ion docum
1.	Full Name (Family Name) (First Name) (Midd	lle Name)	Curren	t Immigration Status (Vi	sitor, Student, e	tc.)
2.	Other Names Used (include Maiden Name)	3	section	ity Category. Go to the " of the Instructions. In the ober of the eligibility category, For example, (a)(8),	space below, pla ory you selected	ace the lette
3.	U.S. Mailing Address			-	()() (
	(Street Number and Name) (Apt.	Number) 17. (e)(3)((Eligibility Category. If you entered the		
13	(Town or City) (State) (ZIP 0	Code)	ategory mploy E-Verif	(c)(3)(C) in Question 16 er's name as listed in E-Ve Company Identification	above, list your rify, and your er Number or a val	degree, yo nployer's id E-Verify
4.	Country of Citizenship or Nationality		Client C Degree	ompany Identification Nu Emplo	mber in the space over's Name as li	
5.	Place of Birth (Town or City) (State/Province) (Co			er's E-Verify Company Ide v Client Company Identifie		iber or a Vi
6.	Date of Birth (mm/dd/yyyy)	18. (c)(26)	Eligibility Category. If y	ou entered the e	ligibility
7.	Gender Male Female		ategory	(c)(26) in Question 16 al of your H-1B principal sp	bove, please pro	vide the rec
8.	Marital Status			of Approval for Form I-129		
9.	Social Security Number (Include all numbers you have	cvci		Signature		0 70
	used, if any)	I certi	ct, Furt	er penalty of perjury, that the hermore, I authorize the re	the foregoing is lease of any info	true and ormation th
10.	Alien Registration Number (A-Number) or Form I-94 (if any)	Number U.S. (eligib Form	Citizens ility for 1-765	hip and İmmigration Servi the benefit I am seeking. "section of the instruction ligibility category in Ques	ices needs to det I have read the ns and have iden	ermine "Who May
11.	Have you ever before applied for employment authority from USCIS?		-			
	Yes (Complete the following questions.)			ature (mm/dd/yyyy)		
				umber		

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.)

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.

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

knowledge.

Signature

Printed Name Address

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

Date of Signature (mm/dd/yyyy)

Form I-765 02/13/15 Y

I-765, Application For Employment Authorization

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

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[] Authorization/Extension Valid From	Eligibility un 8 CFR 274a.	nder 🗆	Economic necessity under 8 CFR 274a.12(c)(14), (18)	-	
E	Authorization/Extension Valid To	(a) or (c)		and 8 CFR 214.2(f)	A#	
1	ubject to the following conditions:			Applicant is filing under	r section 274a.12_	
l an	applying for: Permission to accept employment. Renewal of my permission to acce	A CONTRACTOR OF A CONTRACTOR	(34) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	st employment authorization y of your previous employ		on document)
1.	Full Name (Family Name) (First Name) (Midd	le Name)	. Curren	t Immigration Status (Vi	sitor, Student, et	c.)
			Fligibil	ity Category. Go to the "	Who May File I	Corm 1.7659"
2.	Other Names Used (include Maiden Name)	10	section and num	of the Instructions. In the aber of the eligibility categ- ions. For example, (a)(8),	space below, pla ory you selected	ce the letter
3.	U.S. Mailing Address	2 14 2			()()(
	(Street Number and Name) (Apt.	Number)	. (c)(3)(C) Eligibility Category. It	you entered the	eligibility
	(Town or City) (State) (ZIP C	1.1.1.1	category employe E-Verify	y (c)(3)(C) in Question 16 er's name as listed in E-Ve y Company Identification	above, list your rify, and your en Number or a vali	degree, your ployer's d E-Verify
4.	Country of Citizenship or Nationality		Client C Degree	ompany Identification Nu Emplo	mber in the spac over's Name as li	
5.	Place of Birth (Town or City) (State/Province) (Cou	untry)		er's E-Verify Company Ide y Client Company Identifi		ber or a Valid
6.	Date of Birth (mm/dd/yyyy)	18		Eligibility Category. If y		
7.	Gender 🔲 Male 🔄 Female		category number	(c)(26) in Question 16 al of your H-1B principal sp	bove, please prov ouse's most recei	ride the receip nt Form 1-797
8.	Marital Status Married Single Divorced W	idowed	Notice of	of Approval for Form I-12	9,	
9.	Social Security Number (Include all numbers you have a used, if any)	le	ertify, und	Signature er penalty of perjury, that	the foregoing is	true and
10.	Alien Registration Number (A-Number) or Form I-94 (if any)	Number eli Fo	S. Citizens gibility for rm 1-765?	hermore, I authorize the re- hip and Immigration Serv- the benefit I am seeking. "section of the instruction digibility category in Ques	ices needs to det I have read the and have ident	ermine 'Who May Fi
11.	Have you ever before applied for employment authori	zation Sig	gnature			
	from USCIS? Yes (Complete the following questions.)	Da	te of Sign	ature (mm/dd/yyyy)		
	Which USCIS Office? Dates	Te	lephone N	umber		
			gnature of	l Person P <mark>r</mark> eparing Form	, If Other Than	Applicant
	Results (Granted or Denied - attach all documentation	I d ap	plicant and	this document was prepar is based on all information	ed by me at the r n of which I hav	equest of the e any
	No (Proceed to Question 12.)		owledge.			
12.	Date of Last Entry into the U.S., on or about (mm/dd/y	5650.0005	gnature	ature (mm/dd/yyyy)		
	Place of Last Entry into the U.S.		inted Nan			
13.						

Items 1 – 2: List your name as it appears on your Form I-20 and passport

I-765, Application For **Employment Authorization**

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

	Fee Stamp		Action Block	Initial Receipt	Resubmitted
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1.02] Authorization/Extension Valid From	Eligibility un 8 CFR 274a.3 (a) or (c)	der Economic necessity under 12 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)	A#	
	Authorization/Extension Valid To	(a) or (c)	Applicant is filing unde		
	abject to the following continuous.				
I an	a applying for: Permission to accept employment Renewal of my permission to accept	Contraction and the state of th	ent (of lost employment authorizati tach a copy of your previous employ	ACOLOGIA HOUSE	on document).
1.	Full Name (Family Name) (First Name) (Midd	Is. lle Name)	Current Immigration Status (V	isitor, Student, et	c.)
_		1	Eligibility Category. Go to the "	Who May File I	Form 1-765?"
2.	Other Names Used (include Maiden Name)		section of the Instructions. In the and number of the eligibility categ- instructions. For example, (a)(8),	space below, pla zory you selected	ce the letter
3.	U.S. Mailing Address	22 14 14	non denome i or example, (u/(o),	()()())
	(Street Number and Name) (Apt.	Number)	(c)(3)(C) Eligibility Category. 1		
2	(Town or City) (State) (ZIP)	Code)	category (c)(3)(C) in Question 10 employer's name as listed in E-Ve E-Verify Company Identification	above, list your rify, and your en Number or a val	degree, your ployer's d E-Verify
4.	Country of Citizenship or Nationality		Client Company Identification Nu Degree Empl	oyer's Name as li	
5.	Place of Birth (Town or City) (State/Province) (Co	untry)	Employer's E-Verify Company Id E-Verify Client Company Identifi		ber or a Valid
6.	Date of Birth (mm/dd/yyyy)	18.	(c)(26) Eligibility Category. If y		
7.	Gender 🔄 Male 🔲 Female		category (c)(26) in Question 16 a number of your H-1B principal sp		
8.	Marital Status		Notice of Approval for Form I-12		
_	Married Single Divorced W	/idowed	F . d . C		
9.	Social Security Number (Include all numbers you have used, if any)	Ice	plicant's Signature ertify, under penalty of perjury, that	the foregoing is	12
			rect Europermore authorize the p	elease of any info	true and
10.	Alien Registration Number (A-Number) or Form I-94 (if any)	Number elig Foi	rect. Furthermore, I authorize the ro S. Citizenship and Immigration Serv- gibility for the benefit I am seeking. rm 1-765?" section of the instruction propriate eligibility category in Que	elease of any info ices needs to det I have read the ns and have iden	ermation that ermine 'Who May Fil
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	(if any) Have you ever before applied for employment author from USCIS? Yes (Complete the following questions.)	Number elig Foi ization Sig Da	 Citizenship and Immigration Serv gibility for the benefit 1 am seeking. rm 1-765?" section of the instruction ropriate eligibility category in Que mature 	elease of any infe ices needs to det I have read the ns and have iden stion 16.	ermation that ermine 'Who May Fil
	(if any) Have you ever before applied for employment author from USCIS?	Number U.S Foo app ization Sig Da	5. Citizenship and Immigration Serv gibility for the benefit I am seeking. rm 1-765?" section of the instruction oropriate eligibility category in Que mature te of Signature (mm/dd/yyyy)	elease of any infe ices needs to det I have read the ns and have iden stion 16.	rmation that ermine "Who May Fil tified the
	(if any) Have you ever before applied for employment author from USCIS? Yes (Complete the following questions.) Which USCIS Office? Dates Results (Granted or Denied - attach all documentation)	Number U.S. clig Fo: app ization Sig Da Tel Sig on) I di	S. Citizenship and Immigration Serv gibility for the benefit I am seeking. rm I-765?" section of the instruction ropriate eligibility category in Que mature te of Signature (mm/dd/yyyy) lephone Number	elease of any infi ices needs to det 1 have read the ' ns and have iden stion 16.	rmation that ermine Who May Fil tified the Applicant request of the
	(if any) Have you ever before applied for employment author from USCIS? Yes (Complete the following questions.) Which USCIS Office? Dates	Number Cla cla For app ization Sig Da Tel Sig on) I du app	S. Citizenship and Immigration Server gibility for the benefit I am seeking. Fm I-765?" section of the instruction oropriate eligibility category in Que anature te of Signature (mm/dd/yyyy) lephone Number mature of Person Preparing Form sectare that this document was prepared.	elease of any infi ices needs to det 1 have read the ' ns and have iden stion 16.	rmation that ermine Who May Fil tified the Applicant request of the
11.	(if any) Have you ever before applied for employment author from USCIS? Yes (Complete the following questions.) Which USCIS Office? Dates Results (Granted or Denied - attach all documentation)	Number U.S. Figure 1 ization Sig Da Tel Sig on) I da yyyy) Sig	S. Citizenship and Immigration Server gibility for the benefit I am seeking. rm I-7652" section of the instruction ropriate eligibility category in Que mature	clease of any infi ices needs to det I have read the' ns and have iden stion 16.	rmation that ermine "Who May Fil iffed the Applicant request of the e any
11.	(if any) Have you ever before applied for employment author from USCIS? Ves (Complete the following questions.) Which USCIS Office? Dates Results (Granted or Denied - attach all documentatis No (Proceed to Question 12.)	Number U.S. Floir ization Sig Da Tel Sig on) I du app Sig yyyy) Sig Da	S. Citizenship and Immigration Server gibility for the benefit I am seeking. Fm I-765° section of the instruction ropriate eligibility category in Que mature	clease of any infi ices needs to det I have read the' ns and have iden stion 16.	rmation that ermine "Who May Fil iffed the Applicant request of the e any

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.

I-765, Application For **Employment Authorization**

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

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	Authorization/Extension Valid To	(a) or (c)	and 8 CFR 214.2(f)		
	ubject to the following conditions:		Applicant is filing under	section 274a.12	
l an	applying for: Permission to accept employment. Renewal of my permission to acce		ent (of lost employment authorization ach a copy of your previous employ		ion document).
I.	Full Name (Family Name) (First Name) (Middl	le Name)	Current Immigration Status (Vis	sitor, Student, et	tc.)
2.	Other Names Used (include Maiden Name)	16.	Eligibility Category. Go to the " section of the Instructions. In the and number of the eligibility categ instructions. For example, (a)(8),	space below, pla ory you selected	ace the letter
3.	U.S. Mailing Address			()()()
	(Street Number and Name) (Apt. 1	Number)	(c)(3)(C) Eligibility Category. If		
4. 5. 7. 8.	Date of Birth (mm/dd/yyyy) Gender Male Female Marital Status	idowed Ap	Employer's E-Verify Company Ide E-Verify Client Company Identific (c)(26) Eligibility Category. If yu category (c)(26) in Question 16 at number of your H-1B principal spo Notice of Approval for Form I-125 plicant's Signature rtify, under penalty of perjury, that the rect. Furthermore, I authorize the re	Number or a val mber in the space intification Num cation Number ou entered the el sove, please pro suse's most rece or.	id E-Verify ee below. sisted in E-Verif isber or a Valid ligibility vide the receipt int Form I-797 true and ormation that
10.	Alien Registration Number (A-Number) or Form 1-94 (if any)	Number elig Fo	 Citizenship and Immigration Servi ibility for the benefit I am seeking. m I-765?" section of the instruction ropriate eligibility category in Ques 	ces needs to det I have read the is and have iden	ermine "Who May Fil
11.	Have you ever before applied for employment authoriz	zation Sig	nature		
	Yes (Complete the following questions.)	Da	te of Signature (mm/dd/yyyy)		
	Which USCIS Office? Dates	Te	ephone Number		
	which osets officer	Sie	nature of Person Preparing Form.	If Other Than	Applicant
		n)	clare that this document was prepare	ed by me at the	request of the
	Results (Granted or Denied - attach all documentatio		licant and is based on all informatio		
	No (Proceed to Question 12.)	app	licant and is based on all informátio wledge.	n or which i hav	
12.		yyy) Sig	wledge. nature	99369772786676372	
598 7	No (Proceed to Question 12.) Date of Last Entry into the U.S., on or about (mm/dd/y	yyy) Sig	wledge.	99369772786676372	
	No (Proceed to Question 12.)	yyy) Sig Da	wledge. nature		

Items 4:

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

I-765, Application For **Employment Authorization**

Department of I	Iomeland	Security	
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U.S. Citizenship and Immigration Services

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		ligibility under Economic necessity under CFR 274a.12 8 CFR 274a.12(e)(14), (18) A#
	Authorization/Extension Valid To) or (c) and 8 CFR 214.2(f) A#
	ubject to the following conditions:	Appneant is using under section 274a.12
l an		Replacement (of lost employment authorization document). syment (attach a copy of your previous employment authorization document)
1.	Full Name	15. Current Immigration Status (Visitor, Student, etc.)
	(Family Name) (First Name) (Middle Name)	
_		16. Eligibility Category. Go to the "Who May File Form 1-765?"
2.	Other Names Used (include Maiden Name)	section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the
3.	U.S. Mailing Address	- instructions. For example, (a)(8), (c)(17)(iii), etc.
	(Street Number and Name) (Apt, Numb	()()(
		 (c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in Question 16 above, list your degree, your
	(Town or City) (State) (ZIP Code)	employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify
-	Country of Citizenship or Nationality	Client Company Identification Number in the space below.
	Country of Calizenship of Nationality	Degree Employer's Name as listed in E-Veri
i.	Place of Birth	Employer's E-Verify Company Identification Number or a Valid
	(Town or City) (State/Province) (Country)	E-Verify Client Company Identification Number
6.	Date of Birth (mm/dd/yyyy)	18. (c)(26) Eligibility Category. If you entered the eligibility
7.	Gender Male Female	 category (c)(26) in Question 16 above, please provide the receip number of your H-1B principal spouse's most recent Form 1-797
8.	Marital Status	Notice of Approval for Form I-129.
	Married Single Divorced Widowe	
9.	Social Security Number (Include all numbers you have ever used, if any)	Applicant's Signature
	and, it ally)	I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that
10.	Alien Registration Number (A-Number) or Form 1-94 Num	
	(if any)	Form 1-765?" section of the instructions and have identified the appropriate eligibility category in Question 16.
11.	Have you ever before applied for employment authorization	Signature
	from USCIS?	Date of Signature (mm/dd/yyyy)
	Yes (Complete the following questions.) Which USCIS Office? Dates	Telephone Number
	which USCIS Office? Dates	Signature of Person Preparing Form, If Other Than Applicant
	Results (Granted or Denied - attach all documentation)	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
1	No (Proceed to Question 12.)	knowledge.
12.	Date of Last Entry into the U.S., on or about (mm/dd/yyyy)	Signature
13.	Place of Last Entry into the U.S.	_ Date of Signature (mm/dd/yyyy)
-		Printed Name
14.	Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)	

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.

I-765, Application For **Employment Authorization**

Department of Homeland Security	ment of Homeland Security	d Security	Homela	tment of	Depar
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U.S. Citizenship and Immigration Services

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E	Authorization/Extension Valid From	Eligibili 8 CFR 2	ty und 74a.1	ler 🗆	Economic necessity under 8 CFR 274a.12(c)(14), (18)	-			
	Authorization/Extension Valid To	(a) or (c			and 8 CFR 214.2(f)	A#			
5	ubject to the following conditions:				Applicant is filing under	r section 274a.12			
l an	applying for: Permission to accept employment Renewal of my permission to acc	And the second second second second			st employment authorization y of your previous employ	SCOLDERS HOUSE	ion document).		
1.	Full Name (Family Name) (First Name) (Midd	dle Name)	15.	Curren	t Immigration Status (Vi	sitor, Student, e	tc.)		
2.	Other Names Used (include Maiden Name)		16.	section of and num	of the Instructions. In the aber of the eligibility categories	Who May File Form 1-765?" space below, place the letter gory you selected from the			
3.	U.S. Mailing Address			instructi	ons. For example, (a)(8),	(c)(17)(iii), etc.			
	(Street Number and Name) (Apt.	Number)	17	1-212210) Eligibility Category. If)()		
	(Town or City) (State) (ZIP)	Code)	17.	category employe E-Verify	(c)(3)(C) in Question 16 er's name as listed in E-Ve company Identification	above, list your rify, and your er Number or a val	degree, your nployer's id E-Verify		
4.	Country of Citizenship or Nationality		Client Company Identification Nur Degree Emplo			umber in the space below. loyer's Name as listed in E-Verify			
5.	Place of Birth (Town or City) (State/Province) (Co	ountry)			er's E-Verify Company Id y Client Company Identifi		iber or a Valid		
6.	Date of Birth (mm/dd/yyyy)	22 (2)	 (c)(26) Eligibility Category. If you entered the eligibil category (c)(26) in Question 16 above, please provide t 						
7.	Gender 🔄 Male 🔄 Female			number	of your H-1B principal sp	ouse's most rece			
8.	Marital Status Marital Status Married Single Divorced W	/idowed	-	Notice o	of Approval for Form I-12	9.			
9.	Social Security Number (Include all numbers you have used, if any)	ever	2.00		Signature er penalty of perjury, that hermore, I authorize the re	the foregoing is lease of any inf	true and ormation that		
10.	Alien Registration Number (A-Number) or Form I-94 (if any)	Number	U.S elig For	Citizens ibility for m 1-765?	hip and İmmigration Serv the benefit I am seeking. "section of the instruction ligibility category in Ques	ices needs to det I have read the ns and have iden	ermine "Who May File		
11.	Have you ever before applied for employment author	ization	Sign	ature					
	from USCIS?		Dat	e of Sign	ature (mm/dd/yyyy)				
	Yes (Complete the following questions.) Which USCIS Office? Dates		Tele	phone N	umber				
	when 05015 Once		Signature of Person Preparing Form, If Other Than Applica						
	Results (Granted or Denied - attach all documentation	on)	I de	clare that	this document was prepar is based on all informatic	ed by me at the	request of the		
	No (Proceed to Question 12.)			wledge.			ie uny		
12.	Date of Last Entry into the U.S., on or about (mm/dd/	уууу)	1000	ature _					
13.	Place of Last Entry into the U.S.	1.1			ature (mm/dd/yyyy)				
				ited Nam					
14.	Status at Last Entry (B-2 Visitor, F-1 Student, No Law Status, etc.)	ful	Add	ress					

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"

I-765, Application For **Employment Authorization**

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

	Fee Stamp USCIS		Action Block			Initial Receipt	Resubmitted		
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Ŭ	my					Com	pleted		
	pplication Approved	Application	on Denied	- Failed	to establish:	Approved	Denied		
1.022	Authorization/Extension Valid From		274a.12	8	CFR 274a.12(c)(14), (18)	Λ#			
	Authorization/Extension Valid To	(a) or (c)		nd 8 CFR 214.2(f)	1777) N AND AND AND AND AND AND AND AND AND AN			
	ubject to the following conditions:				Applicant is filing under	section 274a.12			
l an	applying for: Permission to accept employment Renewal of my permission to accept	Contraction of the second second second second second second second second second second second second second s			employment authorization of your previous employ	CONTRACTOR CONTRACTOR	on document).		
1.	Full Name (Family Name) (First Name) (Midd	lle Name)	15. C	urrent	Immigration Status (Vi	sitor, Student, et	c.)		
-							May File Form 1-765?"		
4.	Other Names Used (include Maiden Name)		ar	nd numb	f the Instructions. In the per of the eligibility categories	ory you selected			
3.	U.S. Mailing Address		in	structio	ns. For example, (a)(8),	(c)(17)(III), etc.)())		
	(Street Number and Name) (Apt.	Number)	17 10	VAVCS	Elizibility Cotesser 10				
	(Town or City) (State) (ZIP (Code)	Ca	itegory	Eligibility Category. If (c)(3)(C) in Question 16 's name as listed in E-Ver	above, list your	degree, your		
			E	-Verify	Company Identification 1	Number or a val	d E-Verify		
4.	Country of Citizenship or Nationality		Client Company Identification Number in Degree Employer's N				e below. sted in E-Verif		
-		4				*			
5.	Place of Birth (Town or City) (State/Province) (Co	untry)	Ei E-	mploye Verify	r's E-Verify Company Ide Client Company Identifie	entification Num cation Number	ber or a Valid		
6.	Date of Birth (mm/dd/yyyy)		18. (c	igibility					
7.	Gender 🔲 Male 🗌 Female		category (c)(26) in Question 16 above, please provide the rece number of your H-1B principal spouse's most recent Form 1-79						
8.	Marital Status	idowed	N	otice of	Approval for Form I-129	9.			
9.	Social Security Number (Include all numbers you have		Applic	ant's S	ignature				
	used, if any)		l certif	y, unde Furth	r penalty of perjury, that t ermore, I authorize the re	the foregoing is lease of any infe	true and ormation that		
10.	Alien Registration Number (A-Number) or Form 1-94 (if any)	Number	U.S. C eligibil	itizensh lity for t	ip and Immigration Servi the benefit I am seeking. section of the instruction	ices needs to det I have read the	ermine "Who May Fil		
		-	approp	riate eli	gibility category in Ques	tion 16.			
11.	Have you ever before applied for employment authorit from USCIS?	ization	Signat	-					
	Yes (Complete the following questions.)		Date of Signature (mm/dd/yyyy)						
	Which USCIS Office? Dates			Telephone Number					
	Results (Granted or Denied - attach all documentation	(20	Signat	ure of l	Person Preparing Form.	, If Other Than	Applicant		
	results (Granica or Denica - attach all documentation	ony	I decla	re that t	his document was prepar is based on all informatio	ed by me at the	equest of the		
	No (Proceed to Question 12.)		knowle		s oused on an into man	in or which i have	euny		
12.	Date of Last Entry into the U.S., on or about (mm/dd/y	уууу)	Signat	The stars					
13	Place of Last Entry into the U.S.	1			ture (mm/dd/yyyy)				
13.	There of Last Entry this the Cas.			d Name					
	Status at Last Entry (B-2 Visitor, F-1 Student, No Law	ful	Addre	55					

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/

I-765, Application For **Employment Authorization**

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

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E	Authorization/Extension Valid From	Eligibility 8 CFR 27	vunder 🗆 4a.12	Economic necessity under 8 CFR 274a.12(c)(14), (18)	-		
	Authorization/Extension Valid To	(a) or (c)		and 8 CFR 214.2(f)	A#		
s	ubject to the following conditions:			Applicant is filing under	section 274a.12		
l an	applying for: Permission to accept employment. Renewal of my permission to acce	A CONTRACTOR OF THE OWNER		st employment authorization y of your previous employ	CONTRACTOR CONTRACTOR	ion document).	
1.	Full Name		15. Curren	t Immigration Status (Vi	sitor, Student, et	tc.)	
	(Family Name) (First Name) (Midd	le Name)		ne bila Tana a sa ang akaina		(1.));	
2.	Other Names Used (include Maiden Name)		section and nun	of the Instructions. In the iber of the eligibility categ	"Who May File Form 1-765?" e space below, place the letter gory you selected from the		
3.	U.S. Mailing Address		instruct	ons. For example, (a)(8),			
		Number)	Sec. annerse		()()()	
	(Town or City) (State) (ZIP C	lode)	category) Eligibility Category. If (c)(3)(C) in Question 16 er's name as listed in E-Ve	above, list your rify, and your er	degree, your nployer's	
-				Company Identification I ompany Identification Nu			
4.	Country of Citizenship or Nationality		Degree	Emplo	yer's Name as li	isted in E-Verify	
5.	Place of Birth (Town or City) (State/Province) (Cou	untry)		er's E-Verify Company Ide Verify Company Identifie		iber or a Valid	
6.	Date of Birth (mm/dd/yyyy)	<u></u>	18. (c)(26)	Eligibility Category. If ye	ou entered the e	ligibility	
7.	Gender Male Female		category	(c)(26) in Question 16 al of your H-1B principal sp	bove, please pro	vide the receipt	
8.	Marital Status Married Single Divorced W	idowed		of Approval for Form I-129		in rouin 1-797	
9.	Social Security Number (Include all numbers you have o used, if any)	ever	Applicant's I certify, und	er penalty of periury, that t	the foregoing is	true and	
10.	Alien Registration Number (A-Number) or Form 1-94 (if any)	Number	U.S. Citizens eligibility for Form 1-7653	hermore, 1 authorize the re hip and Immigration Servi the benefit I am seeking. "section of the instruction ligibility category in Ques	ices needs to det I have read the is and have iden	ermine "Who May File	
11.	Have you ever before applied for employment authori	zation	Signature				
	from USCIS?		Date of Sign	ature (mm/dd/yyyy)			
	Yes (Complete the following questions.)		Telephone N	and the second s			
	Which USCIS Office? Dates		Cinnatura al	Person Preparing Form	If Other Ther	Applicant	
	Results (Granted or Denied - attach all documentation	n)	I declare that	this document was prepar is based on all informatio	ed by me at the	request of the	
	No (Proceed to Question 12.)		knowledge.	ris oascu on an intoffitatio	a or which I hav	ic miy	
12.	Date of Last Entry into the U.S., on or about (mm/dd/y		Signature _				
			Date of Sign	ature (mm/dd/yyyy)			
13.	Place of Last Entry into the U.S.		Printed Nan				
	Status at Last Entry (B-2 Visitor, F-1 Student, No Lawf		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.

Form I-765 02/13/15 Y

I-765, Application For **Employment Authorization**

Department of Homela	nd Security
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U.S. Citizenship and Immigration Services

US	or .			Initial Receipt	Resubmitted		
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	pplication Approved	and a second second second	ied - Failed to establish:	Approved	Denied		
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	Authorization/Extension Valid To	(a) or (c)	and 8 CFR 214.2(f)	A#			
S	ubject to the following conditions:		Applicant is filing und	er section 274a.12			
l am	applying for: Permission to accept employment.		nt (of lost employment authorizat ich a copy of your previous emplo	STORE STORE STORE STORE	ion document).		
	Full Name (Family Name) (First Name) (Middle	e Name)	Current Immigration Status (V	'isitor, Student, e	tc.)		
2.	Other Names Used (include Maiden Name)	16.	Eligibility Category. Go to the section of the Instructions. In the and number of the eligibility cate instructions. For example, (a)(8)	space below, pla gory you selected	ace the letter d from the		
3.	U.S. Mailing Address			()()()		
	(Street Number and Name) (Apt. N	Number)	(c)(3)(C) Eligibility Category.				
	(Town or City) (State) (ZIP Co	1.554.54	category (c)(3)(C) in Question 1 employer's name as listed in E-V E-Verify Company Identification	6 above, list your erify, and your er	degree, your mployer's		
4.	Country of Citizenship or Nationality	-	Client Company Identification N Degree Emp	umber in the spa loyer's Name as l			
	Place of Birth (Town or City) (State/Province) (Cou	ntry)	Employer's E-Verify Company Id E-Verify Client Company Identit		nber or a Valid		
6.	Date of Birth (mm/dd/yyyy)	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 1-797 				
7.	Gender 🗍 Male 🗍 Female	1110045					
8.	Marital Status	2 1 0	Notice of Approval for Form I-1.	29.	ak i (sin i-797		
	Married Single Divorced Wic		1				
9.	Social Security Number (Include all numbers you have ev used, if any)	l ce con	blicant's Signature rtify, under penalty of perjury, tha ect. Furthermore, I authorize the it is a statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statem	the foregoing is elease of any inf	true and ormation that		
	Alien Registration Number (A-Number) or Form I-94 N (if any)	Sumber elig For	Citizenship and Immigration Ser ibility for the benefit I am seeking m 1-765?" section of the instruction ropriate eligibility category in Que	I have read the ons and have ider	"Who May File		
	Have you ever before applied for employment authoriz	ation Sig	ature				
	from USCIS?	Dat	e of Signature (mm/dd/yyyy)				
	Yes (Complete the following questions.)		phone Number				
	Which USCIS Office? Dates		· · · · · · ·	ROA T	A . P		
	Results (Granted or Denied - attach all documentation)		Signature of Person Preparing Form, If Other Than Applicant I declare that this document was prepared by me at the request of the				
	No (Proceed to Question 12.)		licant and is based on all informáti wledge.	on or which I hav	ve any		
12.	Date of Last Entry into the U.S., on or about (mm/dd/yy	/yy) Sig	ature				
		Dat	e of Signature (mm/dd/yyyy)				
13.	Place of Last Entry into the U.S.		ited Name				
_			iress				
	Status at Last Entry (B-2 Visitor, F-1 Student, No Lawfu Status, etc.)	d					

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.

I-765, Application For **Employment Authorization**

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

	Fee Stamp			Action 1	Block	Initial Receipt	Resubmitted	
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	pplication Approved	Application	on Den	ied - Failed	l to establish:	Approved	Denied	
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E	Authorization/Extension Valid To	(a) or (c)		and 8 CFR 214.2(f)	A#		
5	ubject to the following conditions:				Applicant is filing under	section 274a.12		
Lan	a applying for: Permission to accept employment. Renewal of my permission to accept				employment authorization of your previous employ	CONTRACTOR CONTRACTOR	on document).	
1.	Full Name (Family Name) (First Name) (Middle	Name)	15.	Current	Immigration Status (Vi	sitor, Student, et	c.)	
2.	Other Names Used (include Maiden Name)		16.	section o and num	ty Category. Go to the " f the Instructions. In the ber of the eligibility categ	space below, pla ory you selected	ce the letter	
3.	U.S. Mailing Address	55 		instructio	ons. For example, (a)(8),	(c)(17)(iii), etc.		
	(Street Number and Name) (Apt. N	lumber)	17	(a)())(C)	PROFILE CALLER M)()	
	(Town or City) (State) (ZIP Co	ode)	 (c)(3)(C) Eligibility Category. If you ent category (c)(3)(C) in Question 16 above, 1 employer's name as listed in E-Verify, and E-Verify Company Identification Number 				degree, your nployer's	
I.	Country of Citizenship or Nationality		Client Company Identification Nur			umber in the space below. loyer's Name as listed in E-Verif		
5.	Place of Birth (Town or City) (State/Province) (Court	ntry)			t's E-Verify Company Ide Client Company Identifie		ber or a Valid	
6.	Date of Birth (mm/dd/yyyy)		18.	(c)(26) E	ligibility Category. If ye	you entered the eligibility		
7.	Gender 🔄 Male 🔲 Female			category (c)(26) in Question 16 above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797				
8.	Marital Status	lowed		Notice of	f Approval for Form I-129	9.		
9.	Social Security Number (Include all numbers you have ev	ver	Applicant's Signature					
	used, if any)		I cer	rtify, unde	r penalty of perjury, that the remore, I authorize the re	the foregoing is	true and	
10.	Alien Registration Number (A-Number) or Form I-94 N (if any)	umber	U.S elig For	Citizenshibility for m 1-765?	ip and Immigration Servi the benefit I am seeking. section of the instruction igibility category in Ques	I have read the and have iden	ermine "Who May File	
11.	Have you ever before applied for employment authoriz	ation	Sign	ature				
	from USCIS?		Date of Signature (mm/dd/yyyy)					
	Yes (Complete the following questions.) Which USCIS Office? Dates							
	which users office? Dates		Signature of Person Preparing Form, If Other Than Applicant					
	Results (Granted or Denied - attach all documentation)	I de	clare that	this document was prepar is based on all informatio	ed by me at the	request of the	
	No (Proceed to Question 12.)			wledge.				
12.	Date of Last Entry into the U.S., on or about (mm/dd/yy	уу)	1000	nature				
		-	Dat	e of Signa	ture (mm/dd/yyyy)			
13.	Place of Last Entry into the U.S.		Prin	nted Nam	e			
-	Status at Last Entry (B-2 Visitor, F-1 Student, No Lawfu	-	Add	ress				

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

I-765, Application For **Employment Authorization**

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

F	Fee Stamp	Action Block			Initial Receipt	Resubmitted	
1.000	CIS					Relo	cated
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1.02	Authorization/Extension Valid From	Eligibility 8 CFR 274	unc la.1	ler Ll	Economic necessity under 8 CFR 274a.12(c)(14), (18)	A#	
	Authorization/Extension Valid To	(a) or (c)			and 8 CFR 214.2(f)		
	ubject to the following conditions:		_	- 12	Applicant is filing under	r section 274a.12	
l an	applying for: Permission to accept employment. Renewal of my permission to acce				st employment authorization y of your previous employ		ion document).
1.	Full Name (Family Name) (First Name) (Middl	le Name)	15.	Curren	t Immigration Status (Vi	sitor, Student, e	æ.)
			16.	Elicibili	ity Category. Go to the "	Who May File	Form 1-765?"
2.	Other Names Used (include Maiden Name)			section of and num	of the Instructions. In the aber of the eligibility categors. For example, (a)(8),	space below, pla ory you selected	ice the letter
3.	U.S. Mailing Address					()()(
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	(Town or City) (State) (ZIP C			category employe	(c)(3)(C) in Question 16 er's name as listed in E-Ver	above, list your rify, and your er	degree, your nployer's
	Constant of Citizenskin on Nationality			E-Venity Client C	Company Identification I Company Identification Nu	mber in the space	e below.
4.	Country of Citizenship or Nationality			Degree	Emplo	oyer's Name as li	isted in E-Verif
5.	Place of Birth			Employ	er's E-Verify Company Ide	entification Num	bar or a Valid
		intry)		E-Verify	y Client Company Identifie	cation Number	ider of a valid
6.	Date of Birth (mm/dd/yyyy)	1	18.	 (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Question 16 above, please provide the receipt 			
7.	Gender Male Female			number	of your H-1B principal spi	oouse's most recent Form 1-797	
8.	Marital Status Married Single Divorced Wi	idowed .		Notice o	of Approval for Form I-129	9.	
9.	Social Security Number (Include all numbers you have e	ver	App	licant's	Signature		
	used, if any)	1	l cer	tify, und ect. Furt	er penalty of perjury, that the hermore, I authorize the re	the foregoing is lease of any infe	true and prmation that
10.	Alien Registration Number (A-Number) or Form I-94 (if any)	Number	U.S. elig For	bility for m 1-765?	hip and Immigration Servi the benefit I am seeking. "section of the instruction ligibility category in Ques	ices needs to det I have read the is and have iden	ermine "Who May Fil
11.	Have you ever before applied for employment authoriz		17	ature			
	from USCIS?		-	-	ature (mm/dd/vyvy)		
	Yes (Complete the following questions.)		Tele				
	Which USCIS Office? Dates		Sier	ature of	Person Preparing Form	If Other Than	Applicant
	Results (Granted or Denied - attach all documentation)		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				
	No (Proceed to Question 12.)			wledge.	ris based on an informatio	ir or which i hav	e any
12.	Date of Last Entry into the U.S., on or about (mm/dd/y			ature _			
_			Dat	e of Sign	ature (mm/dd/yyyy)		
13.	Place of Last Entry into the U.S.			ted Nan			
			Add	ress	16		
14	Status at Last Entry (B-2 Visitor, F-1 Student, No Lawfi Status, etc.)	u		_			

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

I-765, Application For **Employment Authorization**

Department of Homeland Security U.S. Citizenship and Immigration Servi			
For USCIS	Fee Stamp		

Status, etc.)

Fee Stamp		Action Block		Initial Receipt	Resubmitted	
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C	Authorization/Extension Valid From	Eligibility un 8 CFR 274a.1	der Economic necessity under 2 8 CFR 274a.12(c)(14), (18)	-		
E	Authorization/Extension Valid To	(a) or (c)	and 8 CFR 214.2(f)	A#		
5	subject to the following conditions:		Applicant is filing under	r section 274a.12		
l an	a applying for: Permission to accept employment. Renewal of my permission to accept e		ent (of lost employment authorization ach a copy of your previous employ	NODED STOLEN CONTRACTOR	on document).	
1.	Full Name	15.	Current Immigration Status (Vi	sitor, Student, et	c.)	
	(Family Name) (First Name) (Middle N	Name)				
2.	Other Names Used (include Maiden Name)	16.	Eligibility Category. Go to the " section of the Instructions. In the and number of the eligibility categoinstructions. For example, (a)(8),	space below, pla ory you selected	ice the letter	
3.	U.S. Mailing Address		non denome 'r or example, (u)(o),	() ()()	
	(Street Number and Name) (Apt. Nur		(c)(3)(C) Eligibility Category. If			
	(Town or City) (State) (ZIP Code	1.55	category (c)(3)(C) in Question 16 employer's name as listed in E-Ve E-Verify Company Identification	above, list your rify, and your en Number or a val	degree, your nployer's id E-Verify	
4.	Country of Citizenship or Nationality		Client Company Identification Nu Degree Emplo	mber in the spac over's Name as li		
5.	Place of Birth (Town or City) (State/Province) (Countr	ry)	Employer's E-Verify Company Ide E-Verify Client Company Identified		ber or a Valid	
6.	Date of Birth (mm/dd/yyyy)	18.	(c)(26) Eligibility Category. If y			
7.	Gender Male Female		category (c)(26) in Question 16 al number of your H-1B principal sp			
8.	Marital Status		Notice of Approval for Form I-129	9.		
	Married Single Divorced Widow					
9.	Social Security Number (Include all numbers you have ever used, if any)	l ce con	plicant's Signature rtify, under penalty of perjury, that i rect. Furthermore, I authorize the re	lease of any info	ormation that	
10.	Alien Registration Number (A-Number) or Form I-94 Nu (if any)	imber elig For	 Citizenship and Immigration Servi ibility for the benefit I am seeking. m I-765?" section of the instruction ropriate eligibility category in Question 	I have read the '	"Who May File	
11.	Have you ever before applied for employment authorizati	ion Sig	nature			
	from USCIS? Yes (Complete the following questions.)	Dat	te of Signature (mm/dd/yyyy)			
	Which USCIS Office? Dates Results (Granted or Denied - attach all documentation) No (Proceed to Question 12.)		Telephone Number			
			nature 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.			
12.	Date of Last Entry into the U.S., on or about (mm/dd/yyyy	6.0. O O O	nature			
		Dat	e of Signature (mm/dd/yyyy)			
13.	Place of Last Entry into the U.S.	Pri	nted Name			
-	Status at Last Entry (D.2 Visitor E.1 Student No.1 multi	Ad	dress			

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.

I-765, Application For Employment Authorization

Department	of Homelan	d Security
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U.S. Citizenship and Immigration Services

F	Fee Stamp		Action Block	Initial Receipt	Resubmitted		
10000	CIS			Relo	cated		
10.55	se nly			Received	Sent		
U.	iiy			Com	pleted		
	pplication Approved		nied - Failed to establish:	Approved	Denied		
E	Authorization/Extension Valid From	Eligibility un 8 CFR 274a.1	der Economic necessity under 8 CFR 274a.12(c)(14), (18)	-			
E	Authorization/Extension Valid To	(a) or (c)	and 8 CFR 214.2(f)	A#			
S	ubject to the following conditions:		Applicant is filing unde	r section 274a.12			
l am	applying for: Permission to accept employment Renewal of my permission to acce		ent (of lost employment authorization is a copy of your previous employed action in the second secon	YOU DOUT HOUSE	ion document).		
1.	Full Name (Family Name) (First Name) (Midd	lle Name)	Current Immigration Status (Vi	sitor, Student, e	tc.)		
2.	Other Names Used (include Maiden Name)	16.	Eligibility Category. Go to the " section of the Instructions. In the and number of the eligibility category	space below, pla ory you selected	ice the letter		
3.	U.S. Mailing Address		instructions. For example, (a)(8),	(c)(17)(111), etc.			
5		Number)		()() (
	(Town or City) (State) (ZIP 0	Code)	(c)(3)(C) Eligibility Category. In category (c)(3)(C) in Question 16 employer's name as listed in E-Ve E-Verify Company Identification	above, list your rify, and your er	degree, your nployer's		
4.	Country of Citizenship or Nationality		Client Company Identification Nu		e below.		
5.	Place of Birth (Town or City) (State/Province) (Co	untry)	Employer's E-Verify Company Id E-Verify Client Company Identifi		iber or a Valid		
6.	Date of Birth (mm/dd/yyyy)	18.	(c)(26) Eligibility Category. If y				
7.	Gender 🔄 Male 🔄 Female		category (c)(26) in Question 16 a number of your H-1B principal sp	bove, please pro ouse's most rece	vide the receip nt Form 1-797		
8.	Marital Status	idowed	Notice of Approval for Form I-12	9.			
9.	Social Security Number (Include all numbers you have		plicant's Signature				
	used, if any)	1 ce	ertify, under penalty of perjury, that rect. Furthermore, I authorize the re	the foregoing is clease of any info	true and ormation that		
10.	 Alien Registration Number (A-Number) or Form I-94 Number (if any) U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I an seeking. I have read the "Who Ma Form I-765?" section of the instructions and have identified the appropriate eligibility category in Question 16. 						
11.	Have you ever before applied for employment authori from USCIS?	-	nature				
	Yes (Complete the following questions.)		Date of Signature (mm/dd/yyyy)				
	Which USCIS Office? Dates	Tel	lephone Number				
			nature of Person Preparing Form	, If Other Than	Applicant		
	Results (Granted or Denied - attach all documentatio	Ide	eclare that this document was prepar blicant and is based on all information	ed by me at the	request of the		
	No (Proceed to Question 12.)		knowledge.				
12.	Date of Last Entry into the U.S., on or about (mm/dd/y		nature				
		Da	te of Signature (mm/dd/yyyy)				
13.	Place of Last Entry into the U.S.		inted Name				
			dress				

Item 16:

Enter the following in this section: For pre-completion OPT \rightarrow (c) (3) (A) For post-completion OPT \rightarrow (c) (3) (B) STEM extension OPT (c)(3)(C) Economic Hardship \rightarrow (c) (3) (iii)

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

	Fee Stamp		Action Block	Initial Receipt	Resubmitted	
	CIS				cated	
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1.022	Authorization/Extension Valid From	 Eligibility ur 8 CFR 274a. 	12 Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)	A#		
	Authorization/Extension Valid To ubject to the following conditions:	(a) or (c)	Applicant is filing under			
	applying for: Permission to accept employment	nt 🗍 Raplacar	ent (of lost employment authorizatio	1000 AUGUST AUGUST		
			tach a copy of your previous employ	SCOLOSSIS HOSPIELS	ion document).	
1.	Full Name (Family Name) (First Name) (Mic	idle Name)	Current Immigration Status (Vi	sitor, Student, et	æ.)	
2.	Other Names Used (include Maiden Name)	16.	 Eligibility Category. Go to the " section of the Instructions. In the and number of the eligibility categoinstructions. For example, (a)(8), 	space below, pla ory you selected	ce the letter	
3.	U.S. Mailing Address		insutactions. For example, (a)(o),	() ()()	
	(Street Number and Name) (Ap	t, Number)	(c)(3)(C) Eligibility Category. If			
	(Town or City) (State) (ZIF	Code)	category (c)(3)(C) in Question 16 employer's name as listed in E-Ve E-Verify Company Identification	above, list your rify, and your en	degree, your nployer's	
4.	Country of Citizenship or Nationality	-	Client Company Identification Nu Degree Emplo	mber in the spac over's Name as li		
5.	Place of Birth (Town or City) (State/Province) (C	ountry)	Employer's E-Verify Company Id E-Verify Client Company Identifi		ber or a Valid	
6.	Date of Birth (mm/dd/yyyy)	18.	(c)(26) Eligibility Category. If y	ou entered the el	igibility	
7.	Gender 🔄 Male 📃 Female		category (c)(26) in Question 16 al number of your H-1B principal sp			
8.	Marital Status	and a second	Notice of Approval for Form I-12			
	Married Single Divorced	Widowed	ns gestelsen propper son open open open open open open open op			
9.	Social Security Number (Include all numbers you have used, if any)	le	plicant's Signature ertify, under penalty of perjury, that rect. Furthermore, I authorize the re	the foregoing is lease of any info	true and ormation that	
10.	Alien Registration Number (A-Number) or Form 1-9 (if any)	4 Number elij Fo	U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May F Form 1-765?" section of the instructions and have identified the appropriate eligibility category in Question 16.			
11.	Have you ever before applied for employment autho		nature			
	from USCIS? Yes (Complete the following questions.)	Da	te of Signature (mm/dd/yyyy)			
	Which USCIS Office? Dates	Te	lephone Number			
			gn <mark>ature of Person Pr</mark> eparing Form	, If Other Than	Applicant	
	Results (Granted or Denied - attach all documentat	Id	eclare that this document was prepar	ed by me at the	request of the	
	No (Proceed to Question 12.)		plicant and is based on all informátic owledge.	n of which I hav	e any	
12.	Date of Last Entry into the U.S., on or about (mm/dd	Vyyyy) Sig	inature			
		Da	te of Signature (mm/dd/yyyy)			
13.	Place of Last Entry into the U.S.		inted Name			
			dress			

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.

I-765, Application For **Employment Authorization**

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

F	Fee Stamp			Action	n Block	Initial Receipt	Resubmitted
1.000	CIS					Relo	cated
	se					Received	Sent
U	nly					Com	pleted
	pplication Approved	Applicati	ion Den	ied - Fail	led to establish:	Approved	Denied
E	Authorization/Extension Valid From	Eligibi	ility und 274a.1	ler 🗆	Economic necessity under 8 CFR 274a.12(c)(14), (18)	-	
E	Authorization/Extension Valid To	(a) or (and 8 CFR 214.2(f)	A#	
s	ubject to the following conditions:				Applicant is filing unde	r section 274a.12	
l an	applying for: Permission to accept employment. Renewal of my permission to acce	A CONTRACTOR OF A CONTRACTOR O			ost employment authorization py of your previous employ	Store Party House and	ion document).
1.	Full Name	le Name)			nt Immigration Status (Vi		
	(ramity Name) (ritst Name) (Midd	ie Name)					
2.	Other Names Used (include Maiden Name)	1	16.	section and nu	ility Category. Go to the " of the Instructions. In the mber of the eligibility categories. For example, (a)(8),	space below, pla ory you selected	ace the letter d from the
3.	U.S. Mailing Address	00 12 23		moute	uons. Tor example, (a)(o),	()()())())()
	(Street Number and Name) (Apt.	Number)	17.	(c)(3)(C) Eligibility Category. If	f you entered the	
	(Town or City) (State) (ZIP C	lode)		categor	ry (c)(3)(C) in Question 16 ver's name as listed in E-Ve fy Company Identification	above, list your rify, and your et	degree, your mployer's
4.	Country of Citizenship or Nationality			Client Degree	Company Identification Nu Emplo	The second second second second second second second second second second second second second second second s	ce below. isted in E-Verify
5.	Place of Birth (Town or City) (State/Province) (Cou	untry)			yer's E-Verify Company Id fy Client Company Identifi		nber or a Valid
6.	Date of Birth (mm/dd/yyyy)		18.	(c)(26)	Eligibility Category. If y	ou entered the e	ligibility
7.	Gender 🔄 Male 🔄 Female				ry (c)(26) in Question 16 a r of your H-1B principal sp		
8.	Marital Status	28 04 - 07			of Approval for Form I-12		
	Married Single Divorced Wi	idowed					
9.	Social Security Number (Include all numbers you have e used, if any)	ever	I cer	tify, un	Signature der penalty of perjury, that	the foregoing is	true and
10.	0. Alien Registration Number (A-Number) or Form 1-94 Number (if any) (if any) Interpretation of the instruction		lices needs to determine I have read the "Who May Fil ns and have identified the				
11.	Have you ever before applied for employment authoriz	zation	Sign	ature			
	from USCIS? Yes (Complete the following questions.)		Dat	e of Sig	nature (mm/dd/yyyy)		
	Which USCIS Office? Dates		Tele	phone	Number		
			Sig	ature o	of Person Preparing Form	, If Other That	Applicant
	Results (Granted or Denied - attach all documentatio	n)	appl	icant an	at this document was prepar ad is based on all information	ed by me at the on of which I hav	request of the we any
	No (Proceed to Question 12.)		knowledge.				
12.	Date of Last Entry into the U.S., on or about (mm/dd/y	ууу)		ature			
13.	Place of Last Entry into the U.S.	12			nature (mm/dd/yyyy)		
	they have been				me		
-	Status at Last Entry (B-2 Visitor, F-1 Student, No Lawf	5.1	Add	ress			

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

Form I-765 02/13/15 Y

Good Luck!!

