I-765, Application For Employment Authorization

		Fee Stamp	Action Block				Initial Receipt	Resubmitted	
	or CIS					Relocated			
U	se nly						Received	Sent	
							Com	pleted	
Application Approved			Application Denied - Failed to establish:			Approved	Denied		
☐ Authorization/Extension Valid From ☐ Authorization/Extension Valid To			☐ Eligibility under 8 CFR 274a.12			A#			
Subject to the following conditions:				Applicant is filing under section 274a.12					
	ивјест	to the following conditions:	Applicant is ming under section 274a.12						
I am applying for: Permission to accept employment. Replacement (of lost employment authorization document). Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).								ion document).	
		Name ily Name) (First Name) (Middl	e Name)	15.	Current	t Immigration Status (Vis	sitor, Student, et	cc.)	
	Other Names Used (include Maiden Name) C/O Center for International Education U.S. Mailing Address			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.				
	(Street Number and Name) (Apt. Number)							5)()	
		225 Clocktower Dr., Woody Hall MC 4333 Town or City) (State) (ZIP Code) Carbondale IL 62901-4333			(c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in Question 16 above, list your degree, your				
					employe	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				
					Degree	Emplo	Employer of value as asset in E. Verify		
	Place of Birth (Town or City) (State/Province) (Country)			Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number					
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 I-797					
7.	Gender Male Female								
8.		Marital Status Married Single Divorced Widowed			Notice of Approval for Form I-129.				
9.	Social Security Number (Include all numbers you have ever used, if any)			Cer	tification	1			
				I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that					
		Alien Registration Number (A-Number) or Form I-94 Number if any)			U.S. Citizenship and Immigration Services needs to determine				
	Have you ever before applied for employment authorization from USCIS? Yes (Complete the following questions.) Which USCIS Office? Dates			Applicant's Signature					
				Date of Signature (mm/dd/yyyy) Telephone Number					
				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					
		No (Proceed to Question 12.)			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/y	ууу)	Preparer's Signature					
				Date of Signature (mm/dd/yyyy)					
13.	13. Place of Last Entry into the U.S.			Printed Name					
14	Statu	is at Last Entry (B-2 Visitor, F-1 Student, No Lawfu	 ı1						
		s, etc.)	••						