



17 MONTH OPT STEM EXTENSION

I-765 Sample

Please use **BLACK** ink only to complete the I-765

Renewal of my permission to accept employment

This is the address where your EAD card will be sent. If you will be moving or travelling, we recommend you use the International Programs address shown below as an example.

3. U.S. Mailing Address (Street Number and Name) (Apt. Number)
800 N State College Blvd UH-244
(Town or City) (State/Country) (ZIP Code)
Fullerton CA 92831

Leave this blank. Do not type in your SSN.

"Yes"

Please make sure that your signature does not touch or cross the top and bottom lines.

OMB No. 1615-0040; Expires 04/30/2016

I-765, Application For Employment Authorization

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

Do not write in this block.

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		

Application Approved. Employment Authorized / Extended (Circle One) until _____ (Date).
Subject to the following conditions: _____ (Date).
Application Denied:
 Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).
 Failed to establish economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f).

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

1. Name (Family Name in CAPS) (First) (Middle) Which USCIS Office? _____ Date(s) _____

2. Other Names Used (include Maiden Name) _____ Results (Granted or Denied - attach all documentation) _____

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

4. Country of Citizenship/Nationality _____

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

6. Date of Last Entry into the U.S., on or about: (mm/dd/yyyy) _____

7. Place of Last Entry into the U.S. _____

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

9. Current Immigration Status (Visitor, Student, etc.) _____

10. 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, (s)(8), (c)(1)(iii), etc.)
() () ()

11. 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: _____

12. Social Security Number (Include all numbers you have ever used, if any) _____

13. Alien Registration Number (A-Number) or I-94 Number (if any) _____

14. Have you ever before applied for employment authorization from USCIS?
 Yes (Complete the following questions.) No (Proceed to Question 12.)

Certification
Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in Question 16.

Signature _____ Telephone Number _____ Date _____

Signature of Person Preparing Form, If Other Than Above: 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.

Print Name _____ Address _____ Signature _____ Date _____

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Received	Sent	Approved	Denied	Returned

Form I-765 04/01/13 Y

California Service Center

(C) (3) (C)

Please provide all information requested in Section 17

<p>Certification Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in Question 16.</p> <p>Signature _____</p> <p style="text-align: center;">Correct</p>	<p>Certification Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in Question 16.</p> <p>Signature _____</p> <p style="text-align: center;">Incorrect</p>
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