POST-COMPLETION OPT EXAMPLE

This is an EXAMPLE document. Your answers will vary. Please carefully read each question on the I-765 and answer in a way that matches your particular situation. Read the "Instructions for Form I-765" for a more thorough explanation of this form: https://www.uscis.gov/i-765

Leave the top portion of the form blank. Start with Part 1.

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any). Select this box if Form G-28 is attached. Attorney or Accredited Representative
USCIS Online Account Number (if any)

► START HERE - Type or print in black ink.

Part 1. Reason for Applying

I am applying for (select only one box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

   NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to Replacement for Card Error in the What is the Filing Fee section of the Form I-765 Instructions for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name) Beaver

1.b. Given Name (First Name) Benjamin

1.c. Middle Name N/A

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

2.a. Family Name (Last Name) Beaver

2.b. Given Name (First Name) Benny

2.c. Middle Name N/A

3.a. Family Name (Last Name) N/A

3.b. Given Name (First Name) N/A

3.c. Middle Name N/A

4.a. Family Name (Last Name) N/A

4.b. Given Name (First Name) N/A

4.c. Middle Name N/A

Type or print N/A ("not applicable") if a question does not apply to you. For example, write N/A if you have never used a name other than your legal name.
Part 2. Information About You

Your U.S. Mailing Address

5.a. In Care Of Name (if any) Suzie Squirrel

5.b. Street Number and Name 1234 Main St

5.c. □ Apt. □ Ste. □ Flr. □ 1

5.d. City or Town Corvallis

5.e. State OR 5.f. ZIP Code 97330

6. Is your current mailing address the same as your physical address? □ Yes ☑ No

NOTE: If you answered “No” to Item Number 6, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name 321 Elm St


7.c. City or Town Corvallis

7.d. State OR 7.e. ZIP Code 97330

Other Information

8. Alien Registration □ A-

Leave the A-Number blank unless you have a previous EAD card. If you have a previous EAD, then write your USCIS number here.

9. USCIS Online Account Number (if any)

Leave the USCIS Online Account Number blank

☑ Male □ Female

11. Marital Status □ Single □ Married □ Divorced □ Widowed

12. Have you previously filed Form I-765? □ Yes ☑ No

Most students will select “No.” Select “Yes” if you have applied for OPT before and update Part 6 of this form.

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? □ Yes ☑ No

Select “Yes” if you’ve received a Social Security card in the past and “No” if you have not.

NOTE: If you answered “No” to Item Number 13.a., skip to Item Number 14. If you answered “Yes” to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).

14. Do you want the SSA to issue you a Social Security card? (You must also answer “Yes” to Item Number 15, Consent for Disclosure, to receive a card.) ☑ Yes □ No

NOTE: If you answered “No” to Item Number 14, skip to Part 2, Item Number 18.a. If you answered “Yes” to Item Number 14, you must also answer “Yes” to Item Number 15.

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. ☑ Yes □ No

NOTE: If you answered “Yes” to Item Numbers 14 - 15, provide the information requested in Item Numbers 16.a. - 17.b.

Father’s Name

Provide your father’s birth name.

16.a. Family Name (Last Name) Beaver

16.b. Given Name (First Name) Buddy

Mother’s Name

Provide your mother’s birth name.

17.a. Family Name (Last Name) Beaverson

17.b. Given Name (First Name) Benjamin

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

18.a. Country Beaver Nation

18.b. Country N/A
Part 2. Information About You (continued)

Place of Birth
List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth
Beaverton

19.b. State/Province of Birth
N/A

19.c. Country of Birth
Beaver Nation

Type or print the name of the country as it was named when you were born, even if the country’s name has changed or the country no longer exists.

20. Date of Birth (mm/dd/yyyy)
10/27/1952

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival/Departure Record Number (if any)
▷ 9 8 7 6 5 4 3 2 1 0 0

21.b. Passport Number of Your Most Recently Issued Passport
123456

21.c. Travel Document Number (if any)
N/A

21.d. Country That Issued Your Passport or Travel Document
Beaver Nation

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
01/01/2022

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)
01/20/2018

23. Place of Your Last Arrival Into the United States
Portland OR

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
F-1 student

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
F-1 student

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
▷ N- 00123456789

If you’ve ever had a different SEVIS number in the past, please make sure to list it on Part 6 of this form.

Information About Your Eligibility Category

27. Eligibility Category. Refer to the Who May File Form I-765 section of the Form I-765 Instructions to determine your eligibility for this application. Use the code (c)(3)(B) here. If you’ve participated in CPT during your most recent degree program, make sure to update Part 6 of this form. (NOTE: Part time CPT does NOT count toward OPT eligibility.)

28. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27a, provide the information requested in Item Numbers 28a - 28c.

28.a. Degree

28.b. Employment

28.c. Employment Authorization Number or a Social Security Number

29. (c)(26) Immigrant Work Authorization Category. If you received a receipt number for this category, please provide the information for this section.

30. (c)(8) Other Immigrant Eligibility Category. If an other eligibility category has been approved, please provide the information for this section.

31.a. (c)(35) Other Information. If you have been approved for the eligibility category you entered in Item Number 27a, please provide the information for this section. If you have been approved for the eligibility categories, Items 8. - 9., in the Who May File Form I-765 section of the Form I-765 Instructions for information about providing court dispositions.

NOTE: Refer to the Who May File Form I-765 section of the Form I-765 Instructions.
Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

1.a. X I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. □ The interpreter named in Part 4, read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.

2. □ At my request, the preparer named in Part 5, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

5551234567

4. Applicant's Mobile Telephone Number (if any)

5551234567

5. Applicant's Email Address (if any)

Benny.Beaver@oregonstate.edu

6. □ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and understood all of the information contained in, and submitted with, my application, and

2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

[Don't forget to sign here in BLACK ink!]

7.b. Date of Signature (mm/dd/yyyy) 07/19/2018

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

N/A

1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name (if any)

N/A
Part 4. Interpreter's Contact Information

Interpreter's Mailing Address
3.a. Street Number and Name
3.c. City or Town
3.d. State □ 3.e. ZIP Code
3.f. Province
3.g. Postal Code
3.h. Country

Interpreter's Contact Information
4. Interpreter's Daytime Telephone
5. Interpreter's Mobile Telephone
6. Interpreter's Email Address (if any)

Interpreter's Certification
I certify, under penalty of perjury, that I am fluent in English and which is the same language specified in 1.b., and I have read to this applicant every question and instruction on this application, including the Applicant's Certification, and has verified the accuracy of all information.

Interpreter's Signature
7.a. Interpreter's Signature
7.b. Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Preparing this Form on the Applicant

Last Name
First Name
Organizational Name (if any)
Address
City or Town
State □ ZIP Code
Province
Postal Code
Country

Telephone Number
Area Code
Telephone Number (if any)
Area Code (if any)

You may write N/A
Part 6. Additional Information

THE SITUATIONS DESCRIBED BELOW MAY OR MAY NOT APPLY TO YOU.

IF THE SITUATION DOES APPLY TO YOU, PLEASE EDIT THE EXAMPLE TEXT TO SUIT YOUR NEEDS. MAKE SURE TO COPY THE PAGE NUMBER, PART NUMBER, AND ITEM NUMBER AS SHOWN IN THE RELEVANT EXAMPLE.

1.a. Family Name
    (Last Name)  Beaver

1.b. Given Name
    (First Name)  Benjamin

1.c. Middle Name  N/A

2. A-Number (if any)  ▶ A-

3.a. Page Number  3
3.b. Part Number  2
3.c. Item Number  27

4.a. Page Number  3
4.b. Part Number  2
4.c. Item Number  26

5.a. Page Number  3
5.b. Part Number  2
5.c. Item Number  27

5.d. Full-time CPT authorized from 06/25/2018 to 09/07/2018 at the Master's level. See attached CPT I-20 as evidence.

If you were authorized for CPT during your most recent level of education, you should list that information here. (NOTE: Part-time CPT does not count toward OPT eligibility.) All I-20s endorsed for CPT authorization should be attached.

6.a. Page Number  6
6.b. Part Number  6
6.c. Item Number  

6.d. 

7.a. Page Number  7
7.b. Part Number  7
7.c. Item Number  

7.d. 

8.a. Page Number  8
8.b. Part Number  8
8.c. Item Number  

8.d. 

9.a. Page Number  9
9.b. Part Number  9
9.c. Item Number  

9.d. 

If you were authorized for CPT during your most recent level of education, you should list that information here. (NOTE: Part-time CPT does not count toward OPT eligibility.) All I-20s endorsed for CPT authorization should be attached.

If you previously had an I-20 with a different SEVIS number, you should list that information here. You should also provide copies of the old I-20s with the different SEVIS number.

Post-completion OPT previously authorized from 01/01/2015 to 12/31/2015 at the Bachelor's level. See OPT I-20s and previous EAD card as evidence.

If you answered "Yes" to Item Number 12 on page 2, you should list some information here about the previous time that you applied for OPT and for which education level. You should attach your previous OPT I-20s and your old EAD card. (Even if the OPT request was denied, write that information here and attach a copy of the denial notice, if you have it.)