24-MONTH OPT STEM EXTENSION 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.)

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


1

5.d. City or Town

Corvallis

5.e. State ☒ OR ☐ FL

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


2

7.c. City or Town

Corvallis

7.d. State ☒ OR ☐ FL

7.e. ZIP Code

97330

Other Information

8. Alien Registration Number (A-Number) (if any)

A-

Leave the USCIS Online Account Number (if any)

☐ Male ☐ Female

11. Marital Status

☒ Single ☐ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?

☒ Yes ☐ No

Select "Yes" and make sure to 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).

0 1 2 3 4 5 6 7 8

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

If you do not have a Social Security card, you can use this form to request to have one issued for you. Most students applying for the OPT STEM Extension, already have a Social Security card and can skip to Item Number 18.a on this form.

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

(Nickname)

N/A

16.b. Given Name

(First Name)

N/A

Mother's Name

Provide your mother's birth name.

17.a. Family Name

(Nickname)

N/A

17.b. Given Name

(First Name)

N/A

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

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)
   ▶ 9876543210

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 nc 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-00:23456789

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 the eligibility category for this application.

   Use the code (c)(3)(C) here.

   If your full degree and major do not fit on this form, you may handwrite the information in black ink or use Part 6 of the form to add more information.

   If you are applying for the STEM extension based on a previously earned STEM degree (prior to your most recently earned degree), you must include additional evidence. See Part 6 for an example.

28.a. Degree
   Bachelors in Com

28.b. Employer's Name as Listed in E-Verify
   Company A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
   123456

29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27, provide the receipt number and Notice of Non-Admission.

30. (8)(8) Eligibility Category. If you entered the eligibility category (8)(8) in Item Number 27, have you been an LPR within the last 10 years? No

31.a. (c)(35) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27, please provide details for your recent entry for I-94 purposes, as well as your Form I-94 expire date. Have you ever been an LPR within the last 10 years? No

31.b. If you are the spouse or parent of an alien who has entered the U.S. under the provisions of paragraphs (b)(5), (b)(6) in Item Number 27, please provide details of the alien's admission. Have you ever been an LPR within the last 10 years? No

NOTE: If the alien is a U.S. citizen or LPR, refer to page 4 of the Form I-765 Instructions for information about the alien's status.

YOU MAY SKIP THIS SECTION AND WRITE N/A
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. ☒ 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

[space for language]

a language in which I am fluent, and I understood everything.

2. ☐ At my request, the preparer named in Part 5,

[space for preparer name]

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.b. Country

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### Part 5. Contact Information, Declaration, and Certification, and Signature

**Information about the preparer.**

- Name (Last Name)

- Name (First Name)

- Organization Name (if any)

**Address**

- Flr.

- ZIP Code

**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 application, every question and instruction on the application, including the Applicant Certification, and has verified the information.

**Interpreter's Signature**

7.a. Interpreter's Signature

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

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**YOU MAY SKIP THIS PAGE AND WRITE N/A**
**Preparer's Statement**

7.a. ☐ I am not an attorney or accredited representative, but have prepared this application at the request of the applicant and with the assistance of the applicant.

7.b. ☐ I am an attorney or accredited representative, and my representation of the applicant extends ☐ does not extend ☐ to the preparation of this application.

**NOTE:** If you are an attorney, you must submit a completed Form I-131A, Notice of Entry of Appearance as Attorney or Accredited Representative.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I have prepared this application at the request of the applicant, that the applicant then reviewed this completed application, and informed me that he or she understands and agrees to all the information contained in, and submitted with, his completed application, including the Applicant's Declaration.

I certify that all of this information is complete, accurate, and true, and that I have completed this application based only on information provided to me or authorized by the applicant.

**Preparer's Signature**

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)
### 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)**

3.a. **Page Number** : 2
3.b. **Part Number** : 2
3.c. **Item Number** : 12

3.d. **Post-completion OPT authorized from**
   10/01/2014 to 09/30/2015 (Bachelor’s)
   and from 10/01/2017 to 09/30/2018 (Master’s)
   See OPT I-20s and previous EAD cards as evidence.

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

4.d. **Previously used SEVIS number**: N00987654321. See attached previous I-20s as evidence.

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**PREVIOUSLY EARNED DEGREE**

In rare situations, a student may wish to apply for the OPT STEM Extension based on a previously earned STEM degree (prior to the most recently earned degree). If this is the case, the I-765 instructions state that you must include "a copy of your prior STEM degree and evidence that the institution is currently accredited by the U.S. Department of Education and certified by the SEVP."

Database of U.S. Department of Education accredited institutions: https://ope.ed.gov/accreditation/
List of SEVP certified schools: https://studyinthestates.dhs.gov/school-search

The example above provides sample wording for this type of situation.

5.a. **Page Number** : 3
5.b. **Part Number** : 2
5.c. **Item Number** : 27
5.d. **I am STEM eligible based on a PREVIOUSLY earned Bachelor’s degree in Computer Science (11.0101), completed on September 5, 2014. See attached transcript, diploma, Bachelor’s level I-20s, and accreditation/certification evidence.**

6.a. **Page Number** : 2

6.d. **Previously earned degree**

7.a. **Page Number** : 2

7.d. **PREVIOUS ELIGIBILITY**

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If you answered "Yes" to Item Number 12 on page 2, include information here about the previous time(s) that you applied for OPT and for which education level. You should attach your previous OPT I-20(s) and your previous EAD card(s).

(Even if the OPT request was denied, write that information here and attach a copy of the denial notice, if you have it.)

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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.