

Do not upload the I-765 to iHawk until :

- you have completed ALL sections
- it has been printed on a printer using black ink
- you have signed/dated the form on pages 4 and 7 using a pen with black ink

ISSS will not create your OPT I-20 until the I-765 is fully and correctly completed.



Application For Employment Authorization
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 05/31/2020

**SAMPLE FORM FOR COMPLETING THE I-765 for 12-MONTH
OPT**

Make sure you are using only the current version of the I-765
found at <https://www.uscis.gov/i-765> .

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 other details.

renewal of my permission to accept employment.
(Attach a copy of your previous employment authorization document.)

Enter your name exactly as it appears in your passport.

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

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)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Enter all variations of names you have used, including nicknames (ex. Lily instead of Liyang), a maiden name before marriage, or any preferred name you might have used at the University of Iowa. If you have no other names, leave blank.

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 , 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

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

5. Applicant's Email Address (if any)

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 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, correct.

Applicant's Signature

7.a. Applicant's Signature

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

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.

Do not type your name or paste in an electronic image of your signature. Leave this blank until you can print the I-765 on a printer, then sign it using a pen with black ink.

Leave these sections blank.

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

**Part 5. Contact Information, Declaration, and
Signature of the Person Preparing this
Application, If Other Than the Applicant**

**Leave these
sections blank.**

**Leave these
sections blank.**

**Part 5. Contact Information, Declaration, and
Signature of the Person Preparing this
Application, If Other Than the Applicant**
(continued)

**Leave these
sections blank.**

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)
1.b. Given Name (First Name)
1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

If your name does not show after the form is printed, **handwrite exactly as page 1.**

6.a.
6.d.

Use Part 6. Additional Information to provide all previously used SEVIS numbers and evidence of any previously authorized CPT or OPT and the academic level at which it was authorized. Include information on all authorized CPT done during this degree program, including start/end dates, full or part time, and employer.

For example:

“Previous SEVIS Number N1234567890”

OR

“Curricular Practical Training”

- 01/20/2017-05/10/2017—Full-Time—

Master’s Degree—Employer Name

7.a. - 06/01/2017-08/01/2017—Part-Time—

Master’s Degree—Employer Name

7.d.

OR

“Optional Practical Training”

- 05/25/2015-05/24/2017—Bachelor’s Degree

Using a black ink pen, sign your name and date of signature (MONTH/DAY/YEAR) here.