Enter your name exactly as it appears in your passport.

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 2. Information About You (continued)

**Your U.S. Mailing Address**

- **5.a. In Care Of Name (if any)**
- **5.b. Street Number and Name**
- **5.c. ☐ Apt. ☐ Ste. ☐ Flr.**
- **5.d. City or Town**
- **5.e. State [ ] 5.f. ZIP Code**

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

**U.S. Physical Address**

- **7.c. ☐ City or Town**
- **7.d. ☐ State [ ] 7.e. ZIP Code**

#### Other Information

- **8. Alien Registration Number (A-Number) [any]**
- **9. USCIS Online Account Number (if any)**

**10. Gender**

- ☐ Male ☐ Female

**11. Marital Status**

- ☐ Single ☐ Married ☐ Divorced ☐ Widowed

**12. Have you previously filed Form I-765?**

- ☐ Yes ☐ No

**13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?**

- ☐ Yes ☐ No

**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)**
- **16.b. Given Name (First Name)**

### Mother’s Name

- Provide your mother's birth name.

- **17.a. Family Name (Last Name)**
- **17.b. Given Name (First Name)**

### 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**
- **18.b. Country**

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**Questions 8 and 9:** Most F-1 students will not have an A-Number or USCIS Online Account Number, so these may be left blank if they do not apply to you; if you previously were authorized for OPT, include the A-Number that appeared on your EAD card.

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**Use your own mailing address, do not use the address of ISSS.**

**Fill out only if you checked “YES” for 13.a and would like to be issued a SSN.**

**Fill out by checking “YES” only if you checked “YES” for 14 and 15.**

**Fill out only if you checked “NO” for #6.**

**Fill out only if you checked “YES” for 13.a**
Place of Birth
List the city/town/village, state/province, and country where you were born.
19.a. City/Town/Village of Birth
19.b. State/Province of Birth
19.c. Country of Birth
20. Date of Birth (mm/dd/yyyy)

Information About Your Last Arrival in the United States
21.a. Form I-94 Arrival-Departure Record Number (if any)
21.b. Passport Number of Your Most Recently Issued Passport
21.c. Travel Document Number (if any)
21.d. Country That Issued Your Passport or Travel Document
21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)
23. Place of Your Last Arrival Into the United States
24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

Use the date format MONTH / DAY / YEAR

Leave these sections blank.

Enter the code C 3 B
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, photographs, 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 understood 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 ________________________________

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

Leave these sections blank.

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

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)**

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

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

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

5. **d.**

6. **a.**

6. **d.**

3. **d.**

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

4. **d.**

Fill out exactly as on page 1.

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
- 06/01/2017-08/01/2017—Part-Time—
  Master’s Degree

OR

"Optional Practical Training"
- 05/25/2015-05/24/2017—Bachelor’s Degree

Using a black ink pen, sign your name here.