Please follow the instructions below and refer to the sample I-765 (for both paper and online applications) in the following pages as you complete the I-765 for your pre- or post-completion OPT application.

- It is imperative to download the current version of the Form I-765 for the paper application. Submission of an outdated version of the mail-in application will result in a rejection or denial.
- Mail-In application: Type (strongly recommended) or neatly hand write the form in black ink. Do not use cursive writing. Do not mail application to USCIS until your application has been reviewed by the Davis IC and I-20 issued. Failure to include the recommendation I-20 will result in denial of your application.
- Online application: Complete on My USCIS Account. Download a draft of completed I-765 for Davis IC review. Do not pay the I-765 application fee until your application has been reviewed by the Davis IC and new I-20 issued. Once you pay the fee on the pay.gov prompt, your I-765 application will be considered complete and submitted to USCIS. Failure to include the recommendation I-20 will result in denial of your application.
- As per the USCIS I-765 instructions, “If a question does not apply to you (for example, if you have never been married and the question asks, ‘Provide the name of your current spouse’), type or print ‘N/A’ unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, ‘How many children do you have’ or ‘How many times have you departed the United States’), type or print ‘None’ unless otherwise directed.” The PDF form will not allow you to type a / so you will need to handwrite N/A in black ink where necessary.
- Use the continuation sheet on page 7 to list any previous Curricular Practical Training (CPT) and/or Optional Practical Training (OPT). Please see the last page for examples.
- Please review your I-765 to make sure that you have completed all necessary answers and that the information you provided is correct.
- This is only meant to serve as a guide. We have notated some questions to provide clarification, but you must read through all of the questions and answer everything that applies to you. It is recommended that you also use USCIS’s I-765 instructions.

Please note that it is your responsibility as the applicant to ensure that the Form I-765 is fully completed, and the information provided is accurate. Incorrect or incomplete information on the I-765 may result in serious consequences including application delays, rejections, requests for additional evidence, and/or denials.
Make sure you have the most recent version of the I-765!

### Application For Employment Authorization

<table>
<thead>
<tr>
<th>USCIS Form I-765</th>
<th>Department of Homeland Security</th>
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<tbody>
<tr>
<td></td>
<td>U.S. Citizenship and Immigration Services</td>
</tr>
</tbody>
</table>

For USCIS Use Only

- [ ] Authorization/Extension Valid From

- [ ] Authorization/Extension Valid Through

**Alien Registration Number**: A-

**Remarks**:

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. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “None” unless otherwise directed.

### 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)

1.b. Given Name (First Name)

1.c. Middle Name

Provide your full legal name as shown on your birth certificate or legal change of name document in the spaces provided.

https://davisic.princeton.edu | Revised February 2022
This is where all documentation regarding your application will be mailed including your EAD card. It is critical that this address is entered correctly. Errors may result in severe delays and return of your EAD card to USCIS. If you have a reliable address in the U.S. that will be valid for up to approximately 5 months, you do not need to use the suggested addresses below. If you do not have a reliable address to use while your application being processed, you may use the following:

**Undergraduate students:** You may use our address in the following format and list the complete address on the continuation sheet (see example on page 7). Note if you use our address, the Davis IC will have additional processing time to get your documents to you. The format is as follows: 5.b. Princeton UniversiDavis IC 5.d. Princeton 5.e. NJ 5.f. 08544

**Graduate students:** You may use your academic departments address in the following format. 5.b. Princeton University - Your academic department three letter abbreviation (i.e., ELE, MAE, COS, etc.), 5.d. Princeton 5.e. NJ 5.f. 08544

You will also need to indicate a physical/residential address for 7.a – 7.e if you chose no for #6. If you cannot fit your full physical address, please use the continuation sheet on page 7. If you live on-campus and are unsure how to list your physical address, please check TigerHub.

If you were previously issued an EAD card, you can find your A-Number listed under USCIS# on the card.

If you have previously applied for OPT and answered “yes” for #12, use the continuation sheet on page 7 to list details. We recommend the format: Receipt number- full-time/part-time, pre- or post-completion OPT, start – end dates, education level at which the OPT was used.
### 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

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

23. How did you enter the United States last time?

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

25. If you entered the United States through a port of entry, did you present your passport or travel document with a valid entry stamp?

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

**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 appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (c)(8), (c)(17)(iii)).

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

28.a. Degree

28.b. Employer’s Name as Listed in E-Verify

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

29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse’s most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27., provide the information requested in Item Numbers 30.a. - 30.g.

30.a. Have you EVER been arrested for, and/or charged with, and/or convicted of any crime in any country?

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer “Yes,” you MUST provide evidence of your lawful entry.)

30.c. If you answered “No” to Item Number 30.b., did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry AND express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country?

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**You can retrieve your I-94 number from [https://i94.cbp.dhs.gov/](https://i94.cbp.dhs.gov/)**

We strongly recommend that your passport be valid for at least 3 months in the future at the time of submitting your application. If it is not, please email your International Student Advisor.

Indicate “F-1 student.”

This number is listed on your I-20 and starts with N… If you have any previous SEVIS Numbers, list them using the continuation sheet on page 7.
Part 2. Information About You (continued)

If you answered “Yes” to Item Number 30.c., provide the following information:

30.d. Date you presented yourself to DHS

30.e. Location where you presented yourself to DHS

30.f. Country of claimed persecution

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

NOTE: Refer to the Special Filing Instructions for Those With Pending Asylum Applications (c)(8) section of the Form I-765 Instructions for more information.

31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27., please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27., please provide the receipt number of your spouse’s or parent’s Form I-797 Notice for Form I-140.

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime? □ Yes □ No

NOTE: If you answered “Yes” to Item Number 31.b., refer to Employment-Based Nonimmigrant 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.

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.
Part 3. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature (continued)

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprint, 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

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.

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

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 Number

5. Interpreter’s Mobile Telephone Number (if any)

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 Part 3, Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant’s Declaration and Certification, and has verified the accuracy of every answer.

Interpreter’s Signature

7.a. Interpreter’s Signature

7.b. Date of Signature (mm/dd/yyyy)
Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

**Preparer's Full Name**

1.a. Preparer’s Family Name (Last Name)

1.b. Preparer’s Given Name (First Name)

2. Preparer’s Business or Organization Name (if any)

**Preparer’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

**Preparer’s Contact Information**

4. Preparer’s Daytime Telephone Number

5. Preparer’s Mobile Telephone Number (if any)

6. Preparer’s Email Address (if any)

**Preparer’s Statement**

7.a. [ ] I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant’s consent.

7.b. [ ] I am an attorney or accredited representative and my representation of the applicant in this case extends [ ] does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

**Preparer’s Certification**

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant’s Declaration and Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

**Preparer’s Signature**

8.a. Preparer’s Signature

8.b. Date of Signature (mm/dd/yyyy)
Examples of how you may need to use the continuation sheet. **These examples may not apply to everyone.**

---

### 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)  

<table>
<thead>
<tr>
<th>3.a. Page Number</th>
<th>3.b. Part Number</th>
<th>3.c. Item Number</th>
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<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>5b</td>
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</table>

**Example:** Princeton University - Davis IC

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<th>4.b. Part Number</th>
<th>4.c. Item Number</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>12</td>
</tr>
</tbody>
</table>

**Example:** YSC0123456789 - full-time post-completion OPT, 6/5/2018-6/5/2018, Bachelor's level  
IOE0987654321 - part-time pre-completion OPT, 6/1/2021-8/25/2021, Master’s level

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<thead>
<tr>
<th>5.a. Page Number</th>
<th>5.b. Part Number</th>
<th>5.c. Item Number</th>
</tr>
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<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>26</td>
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</table>

**Previous SEVIS ID:** N0012345678

**Complete this section if you need to provide any information in this “Additional Information” section.**

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<td>None</td>
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**CPT- part-time, 9/14/2021 - 12/6/2021, Master’s level**