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

- Type *(strongly recommended)* or neatly handwrite the form in black ink.
- 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 all previous Optional Practical Training (OPT) and Curricular Practical Training (CPT). Please see the last page for examples.

*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, or denials.*
**Application For Employment Authorization**

**Department of Homeland Security**

**U.S. Citizenship and Immigration Services**

<table>
<thead>
<tr>
<th>Authorization/Extension Valid From</th>
<th>Fee Stamp</th>
<th>Action Block</th>
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<tbody>
<tr>
<td>[ ] For USCIS Use Only</td>
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</table>

**Alien Registration Number**

**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)**

**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

**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

---

**Check 1.a.** "Initial permission to accept employment."

**Please list name as printed on birth certificate or legal change of name document.**
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.d. City or Town

5.e. State [ ] 5.f. ZIP Code

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


7.c. City or Town

7.d. State [ ] 7.e. ZIP Code

Other Information

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

   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.

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

16.b. Given Name (First Name)

Mother’s Name

Provide your mother’s birth name.

17.a. Family 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

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

If you answer “Yes” and this was for OPT, please use the continuation sheet on page 7 to list details. We recommend the format: Receipt number- full-time/part-time OPT, start – end dates, education level at which the OPT was used.

This is where all documentation regarding your application will be mailed. If you are an undergraduate, please use our address in the following format: Princeton University, Princeton, NJ 08544 and list the complete address on the continuation sheet (see example on page 7). If you are a graduate student and wish to use your department’s address, please use the format: Princeton University- your academic department three letter abbreviation (i.e., ELE, MAE, COS, etc.), Princeton, NJ, 08544. You will need to handwrite the dash – In both of these cases, you will also need to indicate a physical/residential address for 7.a – 7.d. This is where all documentation regarding your application will be mailed. It is critical that this address is entered correctly. Errors may result in severe delays and return of your EAD card to USCIS.
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. 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 or category)

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)

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, (a)(6), (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.

29.a. H-1B Spouse Application (c)(26) Receipt Number

29.b. Approval Date

29.c. Expiration Date

We strongly recommend that your passport be valid for at least 6 months in the future at the time of submitting application. If it is not, please email puvisa@princeton.edu

Indicate either the city and state OR the airport of your most recent entry.

Indicate "F-1 student" for numbers 24 and 25.

This number is listed on your I-20 and starts with N00... If you have any previous SEVIS Numbers, please list them using the continuation sheet on page 7.

Leave blank.

Pre-completion OPT (C)(3)(A)
Post-completion OPT (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, 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

Provide the following information about the interpreter.

Interpreter's Full Name

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

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

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

Original signature in black ink.
### Part 4. Interpreter's Contact Information, Certification, and Signature

**Interpreter's Mailing Address**

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<th>3.c. City or Town</th>
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<th>3.d. State</th>
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**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 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

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3.c. City or Town

3.d. State | 3.e. ZIP Code |
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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)
Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

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)
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
    2       2       5b

3.d. Princeton University- Davis IC

4.a. Page Number 4.b. Part Number 4.c. Item Number
    2       2       12

4.d. EAC0123456789- part-time OPT,

    6/5/2014-8/5/2014, Bachelor's level

    YSC0987654321- full-time OPT,

    6/12/2018-8/25/2018, Doctoral level

5.a. Page Number 5.b. Part Number 5.c. Item Number
    3       2       26

5.d. Previous SEVIS ID: N0012345678

    None    None    None

6.d. CPT- part-time, 9/14/2017 –

    12/6/2017, Doctoral level

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

7.d.