



Tips for Completing USCIS Form I-765 Application for Employment Authorization Document (EAD)

We encourage all SCU students and scholars to use this document when applying for OPT, STEM OPT Extension, or J-2 work authorization.

Contact **ISS@scu.edu** with any questions.



The ISS Team is here to help with your EAD Application.

If you are applying for post-completion OPT, we will review your I-765 at your OPT appointment.

If you are applying for STEM OPT Extension, you can have your I-765 reviewed during drop-in advising hours after your STEM OPT I-20 has been created.

If you are applying for J-2 EAD, you can have your I-765 reviewed by appointment (email scholars@scu.edu).

If you find an error on your I-765 after mailing or if you have any questions about your EAD application, contact ISS. Do not ever contact USCIS directly.



General Tips

- This form should be entirely typed. Do not hand write the form.
- If you are having difficulty typing the form, try downloading it to your desktop or to a desktop computer with Adobe installed.
- You must print all pages of the form, even if the fields are left blank.
- You must print the form single sided.
- **If you find an error on your I-765 or in your application after mailing or if you have any questions about your EAD application, contact ISS. Do not ever contact USCIS directly.**



I-765 Form Version

Form I-765 05/31/18

- Each USCIS Form has a “Version Date” which can be found in the bottom left corner of each page of the form.
- At any given time USCIS will have rule about which version of the form will be accepted.
- You can download the most recent fillable version of the I-765 form, and see information on which versions are accepted at
<https://www.uscis.gov/i-765>
- These instructions are updated each time the form changes.
- In this document we are providing instructions for the 05/31/2018 version of the I-765 Form.



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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

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From <hr/>	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through <hr/>		
	Alien Registration Number A- <input type="text"/>		
	Remarks		
To be completed by an attorney or Board of Immigration Appeals (BIA)- accredited representative (if any).		<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>

Leave these sections blank.

The top section is for USCIS use only.

The second section would only be used if you were working with an accredited attorney or immigration preparer.



► **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.)

If you are applying for Post-Completion OPT, select initial.

If you are applying for STEM OPT Extension, select renewal.

If you are applying for your first J-2 EAD, select Initial. If you are applying for a J-2 EAD extension, select renewal.

If you are applying for a corrected or replacement card, select replacement.



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Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)	<input type="text"/>
1.b. Given Name (First Name)	<input type="text"/>
1.c. Middle Name	<input type="text"/>

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)	<input type="text"/>
2.b. Given Name (First Name)	<input type="text"/>
2.c. Middle Name	<input type="text"/>
3.a. Family Name (Last Name)	<input type="text"/>
3.b. Given Name (First Name)	<input type="text"/>
3.c. Middle Name	<input type="text"/>
4.a. Family Name (Last Name)	<input type="text"/>
4.b. Given Name (First Name)	<input type="text"/>
4.c. Middle Name	<input type="text"/>

Enter your name as it appears on your most recent I-20 or DS-2019 (this is based on the machine readable line of your passport).

If your name does not fit, please add the full name as an addendum on page 7 of the I-765.

If you have additional names that have been used on official, legal or government documents, enter them under “other names used”.



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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

[\(USPS ZIP Code Lookup\)](#)

Enter the exact U.S. address where you would like USCIS to mail your EAD Card.

If the address is not your own, please list the person who lives at the address in the “In Care of” field.

If this address is your current address, select Yes to question 6 and skip the next section.

If the address is a friend of family member, select No to question 6 and complete the U.S. Physical Address section.



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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.b. Apt. Ste. Flr.

7.c. City or Town

7.d. State 7.e. ZIP Code

If this address you listed in the prior section is your current address, select Yes to question 6 and skip the next section.

If the address is a friend or family member, select No to question 6 and complete the U.S. Physical Address section.

For people in F-1 status: the U.S. Physical Address listed on your I-765 should match Permanent Address you have listed in eCampus.

Visit our website for more information on how to keep your contact information up-to-date.



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Alien Registration Number: This does not apply to most students and should be left blank unless you have an A-Number from a prior USCIS filing, list it here.

Other Information

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

► A-

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

USCIS Online Account Number: This does not apply to most students and should be left blank unless you've previously filed a USCIS form online using the ELIS system

Gender: select the box that matches the sex listed on your passport.

Marital Status: select the box that applies to you on the day of filing.

Prior I-765 Filing: If you have ever filed an I-765 form before, please select Yes and include copies of all prior EAD card (and / or denials).

Prior Employment: If you have any prior employment authorization (including CPT, prior OPT, or prior EAD cards from other statuses, you must list them on page 7 of the form. See page 25 for more instructions.



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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.

13.b. Provide your Social Security number (SSN) (if known).

►

A text input field with a blue border and a small black arrow pointing to its left.

If you already have a U.S. Social Security Number (SSN), select Yes and enter your SSN in question 13b (do not include any the dashes). Select No to question 14. Skip 15,16, and 17. Move on to question 18.

If you do not have a U.S. Social Security Number (SSN), select No and skip question 13b and move on to question 14.



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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)

If you do not have a U.S. Social Security Number (SSN) and answered No to question 13a, this series of questions will give USCIS permission to share data with the U.S Social Security Administration so that they can create your SSN shortly after your EAD card is approved.

Skip question 13b, select Yes to question 14, select Yes to question 15 and then enter your parent's names in 16 and 17.



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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

Enter your country of Citizenship.

If you are a dual citizen, enter the country that is listed on your I-20 in 18a and the other country in 18b.



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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)

Enter the information about your city, state and country of birth.

This information should match your passport / birth certificate.

If your country name has changed, enter the country name as it was at the time of your birth.



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Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

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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)

I-94: Enter the I-94 number of your most recent I-94. You can view and download the document at <https://i94.cbp.dhs.gov/>

Passport Number: Enter the passport number from your most recent passport (even if the passport was not used to enter the U.S.).

Travel Document: Leave this blank.

Country that Issued your Passport: Enter your country of citizenship (even if your passport was issued while you were living in another country).

Expiration Date: Enter the expiration date on your most recent passport.



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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)

► N-

Date of Arrival: Enter the date of arrival from your I-94.

Place of Arrival: Enter the City and State of your most recent arrival in the U.S. If you enter the U.S. via Pre-flight inspection (PFI) at a border entry outside the U.S., enter the city and country and write PFI.

Immigration Status on Arrival: Enter the immigration status you used to most recently enter the U.S. See an ISS advisor if you have questions.

Current Immigration Status: Enter your current immigration status. It should read either F-1 Student or J-2 Spouse.

SEVIS ID Number: Enter the SEVIS ID from your most recent I-20; if you have more than one SEVIS ID, see page 26 for more instructions.



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)(8), (c)(17)(iii)).

() () ()

If you are applying for Post-Completion OPT, enter C3B.

If you are applying for STEM OPT Extension, enter C3C.

If you are applying for your first J-2 EAD, enter C5.

If you are applying for a corrected or replacement card, enter the same eligibility category from your original application.



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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

You will only complete Questions 28 if you are applying for STEM OPT extension. All other applicants will skip this question. STEM OPT Extension applicants:

28.a. Enter your degree and major. You may have to abbreviate, for example, MS Info Sys or MS Comp Eng

28.b. Enter the company name as it appears on your paystubs and / or the company's E-Verify registration.

28.c. Enter your company's E-Verify number. The E-Verify number is a 5-7 digit number your company will have to provide you. The E-Verify number is not found on the I-983 Training Plan and is not available via any online database. The E-Verify number is not the same as the company's Federal Employer Identification Number (FEIN), which is a 9 digit number (XX-XXXXXXX).



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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., have you EVER been arrested for and/or convicted of any crime?

Yes No

NOTE: If you answered "Yes" to Item Number 30., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) in the Required Documentation section of the Form I-765 Instructions for information about providing court dispositions.

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.

Questions 29, 30, 31 are for people applying for other types of EAD Cards.

People applying for post-completion OPT, STEM OPT Extension and J-2 EAD should skip questions 29, 30 and 31.



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
[redacted],
a language in which I am fluent, and I understood everything.
2. At my request, the preparer named in Part 5.,
[redacted],
prepared this application for me based only upon information I provided or authorized.

Select box 1a, “I can read and understand English...”



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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.

Enter your daytime phone number, which may be your mobile number. Do not enter any dashes. Do not enter the country code.

Enter your mobile phone number. Do not enter any dashes. Do not enter the country code.

Enter your preferred email address.

Skip question 6.



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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.

Review the attestations before you sign the form.

Generally people applying for post-completion OPT, STEM OPT Extension and J-2 EAD are not required to submit biometrics.



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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.

Sign the form.

Do your best to keep your signature inside the box.

Date the form.



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

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

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

Provides 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.b. Apt. Ste. Flr.

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)

Skip all of Part 4. You will not be using an interpreter.

Skip all of Part 5. This section would only be filled out of if an attorney was filing the I-765 on your behalf, in which case the attorney will fill out this section.



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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)	<input type="text"/>					
1.b. Given Name (First Name)	<input type="text"/>					
1.c. Middle Name	<input type="text"/>					
2. A-Number (if any) ► A-	<input type="text"/>					
3.a. Page Number	3.b. Part Number	3.c. Item Number	<input type="text"/>			
3.d.	<input type="text"/>					
3.e.	<input type="text"/>					

Part 6 should be used if you need additional space for any questions. An ISS advisor may also have you use this section. If you use this page, you must include your name (as it appears on page 1 of the form) here.

If you have ever been granted employment authorization, including CPT, OPT or STEM OPT (even at another school or prior degree level) you must list in the following format:

Page 2, Part 2, Item 12

Employment, Degree Level, Authorization Dates, Full or Part Time

(for example: CPT, Bachelor's, 06/20/2015 to 09/10/2015, Add FT/ PT)



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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)	<input type="text"/>				
1.b. Given Name (First Name)	<input type="text"/>				
1.c. Middle Name	<input type="text"/>				
2. A-Number (if any) ► A-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
3.a. Page Number	<input type="text"/>	3.b. Part Number	<input type="text"/>	3.c. Item Number	<input type="text"/>
3.d.	<input type="text"/> <input type="text"/>				

Part 6 should be used if you need additional space for any questions. An ISS advisor may also have you use this section. If you use this page, you must include your name (as it appears on page 1 of the form) here.

If you have ever used another SEVIS ID number (for example, with prior J-1, F-1, J-2, F-2 status, even at another school or prior degree level) you must list each prior SEVIS id in the following format:

Page 3, Part 2, Item 26

**Type of Record, SEVIS ID Number
(for example: F-2, N0012345678)**



For information on where to mail your application, visit:
<https://www.uscis.gov/i-765-addresses>

For information on the current USCIS filing fee, visit:
<https://www.uscis.gov/i-765>

For additional tips, sample cover letters and information on what supporting documents to submit with your application visit:
scu.edu/iss