Important: The HIO provides general guidance on your OPT/STEM OPT application based on information obtained from reliable sources and reflecting our years of experience in working with students. We make every attempt to ensure that we provide you with the most up to date information available. Any advice provided to you by our office (as well as the information in this packet) does not constitute legal advice, however. The OPT application is a personal application for which you are responsible; the application preparation and USCIS case decision will vary depending on the facts at issue in your particular case. The HIO does its best to provide you with the most current guidance, but please be mindful that USCIS may change its interpretation of these policies, procedures, regulations, and eligibility requirements at any time. The HIO is not responsible for any errors or omissions, or for the results obtained from USCIS.

ONLY access and download the I-765 Form directly via the USCIS website: https://www.uscis.gov/i-765

- Make sure that you are filling in the most recent version of the I-765.
- Before filing in the I-765, please download it from USCIS’s website and open the PDF document in Adobe so you can type into all fields; completing the document in preview mode has created issues for students.
- Mac users - do not attempt to fill in the form using preview. Always use Adobe to fill in the PDF.
- At this time, the HIO strongly discourages the use of USCIS’s online filing system for Form I-765 OPT applications while we gather further information on its efficacy and functionality.

PART 1

Start Here
Type or print in black ink

Part 1

Select 1.a, unless you are filing for a replacement EAD card

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

Part 2. Information About You

Your Full Legal Name

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

Reminder: If you need more space to type one or more of your answers, please refer to page 9 of these instructions for guidance. Page 7, Part 6 of the I-765 is for additional, or overflow information that you might need to disclose to USCIS in your application.
Part 2. Information About You (continued)

Your U.S. Mailing Address

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<td>5.b.</td>
<td>Street Number and Name</td>
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<td>5.d.</td>
<td>City or Town</td>
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<td>5.e.</td>
<td>State</td>
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(U.S. ZIP Code Lookup)

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

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<td>7.c.</td>
<td>City or Town</td>
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<td>7.d.</td>
<td>State</td>
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Other Information

8. Alien Registration Number (A-Number) (if any) ▶ A- N/A

9. USCIS Online Account Number (if any) ▶ None

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.

U.S. Mailing Address - Where you want to receive your OPT receipt, approval notice and EAD.

Notes:
- Your mailing address should be valid for at least 5 months into the future. If not, you should use a trusted friend or relative’s U.S. address that can receive the card for you. You may also list a U.S. Post Office Box address if that is how you receive your mail. EADs are considered government documents and cannot be forwarded by the U.S. Postal Service.
- You should verify this mailing address with the U.S. Postal Service: tools.usps.com/go/ZipLookupAction input

Part 2. Information about you (continued):

- Item 5.a.: If you need to use your friend’s or relative’s U.S. address, please write their name in Item 5.a. If not, please leave Item 5.a. blank.
- Item 5.b.-5.e.: Continue to fill in with the mailing address.
- Item 5.f.: You need to enter the full zip code plus four digits (xxxxx-xxxx). You must handwrite the four digits following your zip code in item 5.f. To verify your full zip code with the U.S. Postal Service use: tools.usps.com/go/ZipLookupAction_input or click on the USPS ZIP Code Lookup link in the I-765 Form.
- Item 6.: Check “yes” if you are using your own U.S. mailing address and if it is your current residential address. If you listed a friend’s name and address in Item 5.a.-5.f., check "No".
- Item 7.a.-7.e.: If you checked “No” in Item 6, complete Items 7.a. – 7.e. with your current residential address. USCIS will NOT mail documents here, and it is ok if this will change over the course of your application process. If you checked “yes” in Item 6, handwrite “N/A” after printing the Form I-765.
- Item 8.: Handwrite “N/A” after printing the Form I-765.
- Item 9.: Handwrite “None” after printing the Form I-765.
- Item 10.-11.: These items are self-explanatory; Please fill in the correct information.
- Item 12.: If you have ever applied for OPT or have been issued an EAD previously with USCIS, check "yes". If not, check "no".
- Item 13.a.: If you have a Social Security Number, select "Yes". If not, please select "No".
13.b. Provide your Social Security number (SSN) (if known).

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.)

   \[\begin{array}{c}
   \text{☐ Yes} \quad \text{☐ No}
   \end{array}\]

   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.

   \[\begin{array}{c}
   \text{☐ Yes} \quad \text{☐ No}
   \end{array}\]

   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

- **Item 13.b.**: Enter your Social Security Number (SSN). Leave this box blank if you do not have an SSN.
- **Item 13.b.**: You do not need a SSN to apply for OPT. If you do not have one, you can apply for a SSN by using this form or later after you receive your EAD (OPT card).
- **Items 14-17.b.**:
  - Applying for a Social Security Number (SSN) with the Form I-765 is optional. If you choose not to apply for an SSN at this time you can apply for the SSN later after receiving your EAD (OPT card).
- **If you do not yet have an SSN and if you would like to apply for one now** you can do so by checking "Yes" to question 14.
  - If you choose to use this form to apply for your SSN, please check the appropriate boxes for questions 14 and 15 and then fill out Items 16.a.-17.b. as appropriate.
- **If you already have an SSN, or do not wish to apply for an SSN at this time**, check "No" to question 14 and **write in N/A for Items 16.a.-17.b.** You can apply separately for an SSN if you choose not to use this function of the form. Please check "No" on question 14 if you have an SSN.
- **Items 18.a.-18.b.**: List your country of citizenship as it appears on your Form I-20. If you do not have a second country of citizenship, write "None" in 18.b.
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)

None

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)

N-

• Items 19.a.-20: These items are self-explanatory. Please fill in the correct information.

• Item 21.a.: Enter the eleven digit number from your most recent I-94 record. You can download your I-94 record by visiting www.cbp.gov/I94.

• Items 21.b.-21.e.: You may find this information on this biographical page of your most recently issued passport.

• Item 21.c.: Enter “none”.

• Item 22.: Enter the most recent date you entered the U.S. in F-1 status, as listed on your I-94 record.

• Item 23.: This field refers to the three letter code for the airport, port of entry or pre-flight inspection site on your most recent entry stamp in your passport. For example, if you most recently entered the U.S. and received your entry stamp in Boston Logan Airport, you would enter BOS in item 23.

• Items 24. and 25.: List “F-1 student” in both fields.

• Item 26.: Your SEVIS number is found at the top left corner of your most recent Form I-20.

Reminder: The entry information reflected on your online I-94 record must match your most recent entry. If your online I-94 record has a prior or incorrect date or system says “cannot be found,” please contact your HIO advisor for help: http://www.hio.harvard.edu/talk-advisor.
Item 27.: Enter the following in this section:
- For pre-completion OPT, enter (C) (3) (A)
- For post-completion OPT, enter (C) (3) (B)

Items 28.a.-29.: Handwrite N/A in each field after printing the Form I-765.

Items 30.a.-30.c.: These questions do not apply to students who are applying for OPT. Do not answer these questions; leave them blank.
**Applicant's statement:** Check the box for Item 1.a. Enter N/A in Items 1.b.-2.

**Applicant's contact Information:** Provide your contact information in items 3-5. Leave 6 blank unless applicable. Use only numbers and not dashes when entering your phone number, For example: 1234567890.

- **Items 30.d.-31.a.:** Handwrite N/A in each field after printing the Form I-765.
- **Item 31.b.:** Leave blank.

**Applicant's Contact Information**

3. Applicant's Daytime Telephone Number: [77777777]

4. Applicant's Mobile Telephone Number (if any): [77777777]

5. Applicant's Email Address (if any): janedoe@harvard.edu

Leave Blank if not applicable to you
Applicant's original signature:
Sign 7.a. and date 7.b. using black ink.

No electronic signatures accepted.

Part 4: Interpreter's Contact Information, Certification, and Signature
- Items 1.a.-7.b.: Handwrite N/A in each field after printing the Form I-765.
**Part 5**: After printing the Form I-765, draw diagonal line across page 6 and write "N/A" next to the line. YOU MUST INCLUDE ALL 7 PAGES OF I-765 to USCIS.

### 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 has 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: Students MUST complete page 7, part 6 if they have had any of the following:

- Approved for **OPT** in the past.
- Approved for **CPT** in the past.
- Used a different **SEVIS ID in F-1 status** in the U.S. (e.g., students attended school for a while, left the U.S. to take a break from school, and returned with a new Form I-20. Therefore, students would have a SEVIS ID from your first time attending that is different from your current SEVIS ID). **Your SEVIS ID is on the top left corner of your Form I-20 and starts with "N00".**
- Or if you need more space than is given on the Form I-765 to complete a field (e.g., a name).
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-N/A

3.a. Page Number 3
3.b. Part Number 2
3.c. Item Number 27

3.d. OPT Authorizations

12/02/2021-12/01/2022
Part-time/Full time
Bachelor's degree

4.a. Page Number 3
4.b. Part Number 2
4.c. Item Number 27

4.d. CPT Authorizations

ABC Employer
12/02/2020-01/05/2021
Part-time/Full time
Bachelor’s degree

Examples:

Previous OPT
To list current and/or previous OPT(s) we suggest:

- Item 3.d.:
  - OPT Authorizations (as the title of the section)
  - Start date-End date.
  - Part-time or Full-time.
  - Degree Level (Bachelor’s Master’s, or PhD)
(Student can find their OPT details on the Form I-20 that was approved for each period of OPT or on their approved EAD cards).

Previous CPT
To list previous CPT(s) we suggest:

- Item 4.d.:
  - CPT Authorizations (as the title of the section)
  - Employer name
  - Start date-End date.
  - Part-time or Full-time.
  - Degree Level (Bachelor’s Master’s, or PhD)
(Student can find their CPT details on the Form I-20 that was approved for each period of CPT).

Reminder: Please physically sign and date in black ink anywhere in the blank space below item 7.d. if you have used page 7 to provide any additional information. No electronic signatures!
Examples Continued:

Previous SEVIS IDs
Students should list their other SEVIS IDs that have been used in the past, we suggest:

- **Item 5.a.-5.c.** Page 3, Part 2, Item 26
- **Item 5.d.**
  - Previous SEVIS ID Numbers (as the title for this section).
  - Previous SEVIS ID Number.
  - Program start date-end date for previous SEVIS ID; degree level.
  - The name of university you attended.

**NOTE: More Space Needed on I-765:**

- If any date field in Parts 1 – 3 of the I-765 is insufficient for you to provide complete information, please use Part 6. to enter everything in full.
  - Enter the corresponding page, part, and item number accordingly.

---

SEVIS ID Numbers

N012345678
12/1/2017-1/25/2019
Bachelor's degree
Harvard University
Please **physically sign and date in black ink** anywhere in the blank space below item 7.d. if you have used page 7 to provide additional information. **No electronic signatures!**

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<th>5.c. Item Number</th>
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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)  
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. OPT Authorizations  
12/02/2021-12/01/2022  
Part-time/Full time  
Bachelor's degree  
4.a. Page Number 4.b. Part Number 4.c. Item Number  
4.d. CPT Authorizations  
ABC Employer  
12/02/2020-01/05/2021  
Part-time/Full time  
Bachelor's degree  

Jane Doe  
MM/DD/YYYY
Part 6: Students who do not need this page should draw a diagonal line across page 7 after printing your form I-765 and write N/A next to the line.

### 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.

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| 8. Item Number   |                  |                 |
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