Sample Form I-765 with Instructions

Important Information:

- The I-765 form can be found at [https://www.uscis.gov/i-765](https://www.uscis.gov/i-765)
- We recommend downloading the form first and saving a copy on your computer in case there are any corrections that need to be made.
- You must TYPE your answers and sign by hand in Blue INK on PAGE 4
- There are a few fillable fields that do not work on some computers including some important address fields. Please handwrite in black ink very neatly if you cannot type in the fields.
- For the sections you are not required to complete, cross out with one handwritten line and write N/A as shown on the sample form.
- Submit the completed I-765 form to the OISS with your OPT Request Form.
- The I-765 will be reviewed by the OISS advisor processing your OPT I-20 and will be given back to you for mailing to USCIS. Review any notes made by the advisor and make the necessary changes.
- Review your I-765 CAREFULLY before mailing your OPT application to USCIS. Any errors could result in a delay or possibly even a denial of your application. The OISS is not responsible for any errors made on your application.
- Send ALL pages of the I-765, even if pages are blank.
Check 1a. for all new OPT applications.

Fill in your legal name as it appears on your I-20. If you do not have a middle name leave 1c blank.

Complete this section only if you have any other legal names you have used in the past such as a maiden name. Otherwise leave blank.
Part 2. Information About You (continued)

Your U.S. Mailing Address
5a. In Care Of Name (if any)
   Boston College OISS
5b. Street Number
    12 College Rd
5d. City or Town
    Chestnut Hill
5e. State MA □ 5f. ZIP Code 02467

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
7a. Street Number and Name
    1234 Commonwealth Ave
7b. □ Apt. □ Ste. □ Flr. 10
7c. City or Town
    Brighton
7d. State MA □ 7e. ZIP Code 02135

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
13a. 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 13a, skip to Item Number 14. If you answered "Yes" to Item Number 13a, provide the information requested in Item Number 13b.

13b. 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.)
   □ Yes □ No
   NOTE: If you answered "No" to Item Number 14, go to Part 2, Item Number 18a. 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 my Social Security card.
   □ Yes □ No
   NOTE: If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16a. - 17b.

Father's Name
   Provide your father's birth name.
16a. Family Name (Last Name)
16b. Given Name (First Name)

Mother's Name
   Provide your mother's birth name.
17a. Family Name (Last Name)
17b. 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.
18a. Country
    USA
18b. Country

If you have an SSN we recommend you leave this blank for security reasons.

If you have a SSN check YES, if not check NO.
**Part 2. Information About You (continued)**

**Place of Birth**
List the city/town/village, state/province, and country where you were born.

19. City/Town/Village of Birth
   - Chestnut Hill
19. State/Province of Birth
   - MA
19. Country of Birth
   - USA
20. Date of Birth (mm/dd/yyyy) 01/01/1995

**Information About Your Last Arrival in the United States**

21a. Form I-94 Arrival-Departure Record Number (if any)
   - 1 2 3 4 5 6 7 8 9 1 0
21b. Passport Number of Your Most Recently Issued Passport
   - 1212121
21c. Travel Document Number (if any)
   - None
21d. Country That Issued Your Passport or Travel Document
   - USA
21e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
   - 01/01/2020
22. Date of Your Last Arrival into the United States, On or About (mm/dd/yyyy)
   - 08/15/2018
23. Place of Your Last Arrival into the United States
   - Boston
24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
   - F-1
25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parole, deferred action, or no status or category)
   - F-1
26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
   - N01234567891

**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)(3)(A)(iii))
   - C 3 0
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 28a - 28c.
28a. Degree
28b. Employee's Name as Listed in E-Verify
28c. Employee'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, 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.
31a. (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.
   - 
31b. 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 31b, 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.

**PRE OPT:** (c)(3)(A)

**Post OPT:** (c)(3)(B)

**STEM OPT:** (c)(3)(C)

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**Enter I-94 number**
https://i94.cbp.dhs.gov

**Enter passport info.**

**Enter your place of last arrival and immigration status. #24 will be F-1 unless you changed your status within the U.S.**

**Enter SEVIS ID located on your I-20.**

**24 month STEM Extensions:** Complete 28a-28c.

**Leave 29-31b BLANK.**
**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 Deceased Telephone Number
   617 552 0000

4. Applicant’s Mobile Telephone Number (if any)
   617 552 0000

5. Applicant’s Email Address (if any)
   eagle@bc.edu

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) 10/12/2018

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)

If you did NOT use an interpreter to help complete this form, cross off this section and write “N/A”.

Don’t forget to sign in BLUE Ink within THE BOX and enter date!
If you did NOT use an interpreter to help complete this form, cross off this section and write “N/A”.

If someone else did NOT complete this application on your behalf, cross off section and write “N/A”.

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 [ ] 5.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 [ ] 5.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)
If someone else completed this application on your behalf, check off 7a or 7b as instructed. If you did not have a lawyer or other person prepare your application, cross off section and write “N/A”.

<table>
<thead>
<tr>
<th>Preparer's Statement</th>
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<tbody>
<tr>
<td>7a. □ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.</td>
</tr>
<tr>
<td>7b. □ 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.</td>
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**NOTE:** If you are an attorney or accredited rep, you need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

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<th>Preparer's Certification</th>
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<tr>
<td>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.</td>
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<th>Preparer's Signature</th>
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<td>8a. Prepared Signature</td>
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<th>Date of Signature (mm/dd/yyyy)</th>
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**To List Previous CPT or OPT:**

Use as many spaces as you need to enter all of the additional information necessary using sections 3a to 7a. **Include SEVIS IDs and ALL degree levels completed in the U.S.** as well as any CPT and/or OPT associated with each SEVIS ID. If you did not use CPT or OPT for a specific degree level, list “No CPT or OPT” following the example above on line 4.d. If you attended multiple schools in the U.S., and took a break from your studies, you will have different SEVIS IDs.

Example for listing CPT or OPT on Section 3:
3a. Page number: **3**  3b. Part Number: **2**  3c. Item Number: **27**  3d. *See example above*

**BE SURE TO INCLUDE COPIES OF ALL PREVIOUS I-20 FORMS AND PREVIOUS EAD CARDS AND MAIL THEM WITH YOUR OTHER APPLICATION MATERIALS.**