ISSS Further Instructions for Completing I-765 STEM OPT

ISSS comments are in grey boxes. You must send USCIS all 7 pages of this form when applying for OPT.

This entire form must be completed in black ink, either typed or written with black pen. Any boxes which do not apply to you should be filled in with “N/A.”

Because you are applying for a STEM OPT extension, check 1.c. for “Renewal

#1 Enter your legal name exactly as it appears on a legal document (e.g. your passport). If your name does not fit go to Part 6 of the form to type the name in its entirety, referencing Page 1, Part 1, Item 1.a, 1.b. and/or 1.c

#2-4: If you go by any other names, including aliases, maiden name (i.e. name before marriage), or nicknames list them here. If you have no other name, fill each box with NA for “not applicable.” If your name does not fit go to Part 6 of the form to type the name in its entirety, referencing Page 1, Part 1, Item 2.a-4.c (as applicable).

Disclaimer:
The information contained in this form is provided as a service to international students, faculty and staff at the University at Albany. It does not constitute legal advice. We try to provide useful information, but we make no claims, promises or guarantees about the accuracy, completeness or adequacy of the information contained in or linked to any associated site or form. Neither the University at Albany nor ISSS is responsible for any errors or omissions contained in this form, or for the results obtained from the use of this information. Nothing provided herein should be used as a substitute for the advice of competent legal counsel; students may wish to consult an immigration attorney on the specifics of their case as needed.

Check that the form isn’t expired.
#5: This is where they will mail your EAD card. It must be a valid address 3-5 months after you apply, and someone must be available to sign when it is delivered. If it is your address, write NA in 5.a. If it is going to a friend's house, include the friend's name in Item 5.a. and fill in the friend's address. If you want to use ISSS's address, enter the information below.

5.a. In Care Of Name (if any)
ISSS Albany

5.b. Street Number and Name
1400 Washington Ave


5.d. City or Town
Albany

5.e. NY 5.f. ZIP Code 12222

Your current mailing address must match your SEVIS USA address in MyUAlbany. If the address changes while your I-765 is pending contact ISSS.

#7: If your mailing address is different that your US Physical Address (where you physically reside) fill in item 7. This must match your SEVIS USA address in MyUAlbany. If the address changes while your I-765 is pending contact ISSS.

#8: This is the USCIS number on your EAD Card. #9: Most students will not have unless you previously filed an application through USCIS ELIS

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.)

☐ Yes [X] No

NOTE: If you answered “No” to Item Number 14., skip to Part 2., Item Number 15.

15. Consent for Disclosure Name of Individual in Charge for the purpose of Social Security Administration (SSA) ever issued a Social Security card to you?

☐ Yes [X] No

NOTE: If you answered “No” to Item Number 14., provide the information requested in Item Numbers 16a. - 17b.

#13a: If you have ever been issued a SSN card, you must check Yes and provide your SSN in Item 13.b

#14-17: If you want the SSA to issue you a SSN with this I-765, check “Yes” to items 14 and 15, and fill in items 16-17. If you would prefer to apply for a SSN in person once you get your EAD card, check “No” and go to Item 18.a. You must have a SSN to be paid.

#18: Please list all countries with you are currently a citizen or national of.

#7: If your mailing address is different that your US Physical Address (where you physically reside) fill in item 7. This must match your SEVIS USA address in MyUAlbany. If the address changes while your I-765 is pending contact ISSS.
#19: Enter the information about your place of birth. Include the names exactly as they were at your time of birth, even if the names of the city/state/province/country etc. have since changed.

**Place of Birth**

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

19.a. City/Town/Village of Birth
Jejur

19.b. State/Province of Birth
Maharashtra

19.c. Country of Birth
India

20. Date of Birth (mm/dd/yyyy)        08/05/1995

#21c: For most students, the answer to 21c will be “NA” unless you have entered on a travel document that isn’t a passport.

#22: Get this information from your most recent I-94. If your I-94 or travel history is incorrect consult ISSS for additional guidance.

#23: Enter the city and port of entry you last entered at.

#24: This is the status you last entered the United States in, whether or not it was F-1.

#25: This must be F-1 student.

#26: If you have any prior SEVIS numbers you must enter those on Part 6.

#27: STEM OPT: (C ) (3) (C )

#28.A.: Write your STEM degree level (bachelor’s, master’s, or PhD) and major

#28.b.: Must be employer name exactly as in e-Verify

#28.c.: Get e-Verify number from employer, it is usually 5-7 digits. It is not the same as an EIN

#21: For most students, the answer to 21c will be “NA” unless you have entered on a travel document that isn’t a passport.
Read the applicant statement in its entirety and check the appropriate box. For most students, it will be 1.a. because you should complete the form on your own. Make sure you read and understand the applicant’s declaration and certification before signing.

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 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
   5185552727

4. Applicant’s Mobile Telephone Number (if any)
   5185551717

5. Applicant’s Email Address (if any)
   JVASANT2222@ALBANY.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 my application and any supporting information submitted with this application is complete, true, and correct.

Applicant’s Signature

7.a. Applicant’s Signature

7.b. Date of Signature (mm/dd/yyyy) 08/01/2018

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)
Part 4 - Part 5: Most students will not use an interpreter or preparer. However, you still must fill in the boxes with "NA."
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 ay 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

\[\text{Signature} \]

8.b. Date of Signature (mm/dd/yyyy)

\[\text{Date}\]
#1: Fill in your name
#2: Fill in your A-Number, if applicable

Part 6 is for additional information. You only need to use this form if instructed in the USCIS instructions (for example, if one of your answers to a question does not fit in the box). If you have previously used CPT or OPT you should also indicate that here, and include photocopies of the I-20(s) with CPT and OPT authorization.

<table>
<thead>
<tr>
<th>Part 6. Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Type or print your name and A-Number (if any) on each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and attach each sheet.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name (Last Name)</th>
<th>Vasant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (First Name)</td>
<td>Jinal</td>
</tr>
<tr>
<td>Name (Middle Name)</td>
<td>Sanjaykumar</td>
</tr>
</tbody>
</table>

2. A-Number (if any) ➤ A-1 2 3 4 5 6 7 8 0

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

3.d. My previous SEVIS ID is N0007654321

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

4.d. I have previously filed an I-765 which was granted. I was authorized for post-completion OPT based on my master's program from 10/01/2017-10/01/2018. Please see the I-20s and EAD card included with this application as documentation of this authorization.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. I was previously authorized for part-time CPT for my master's program from 8/27/16-12/15/2016. Please see the I-20s included with this application as documentation of this authorization.


If you use this page, you must sign and date in black pen ink.