# 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.

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**START HERE - Type or print in black ink.**

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### 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.)

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### Part 2. Information About You

**Your Full Legal Name**

1.a. Family Name (Last Name) **Vasant**

1.b. Given Name (First Name) **Jinal**

1.c. Middle Name **Sanjaykumar**

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#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).

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

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Check that the form isn’t expired.

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.”
#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 5a. If it is going to a friend’s house, include the friend’s name in Item 5a. and fill in the friend’s address. If you want to use ISSS’s address, enter the information below.

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

5b. Street Number and Name
   1400 Washington Ave

5c. APT. X Ste. Flr. GL G40

5d. City or Town
   Albany

5e. NY 5I. ZIP Code 12222

#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.

5f. Street Number
   55524 Main Street

5g. Apt. X Ste. Flr. 3a

5h. City or Town
   Albany

5i. NY 7I. ZIP Code 12203

#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

8. Alien Registration Number (A-Number) (if any)
   □ A-1 □ A-2 □ A-3 □ A-4 □ A-5 □ A-6 □ A-7 □ A-8

9. USCIS Online Account Number
   □ Yes □ No

10. Gender
   □ Male □ Female

11. Marital Status
   □ Single □ Married □ Divorced □ Widowed

12. Have you previously filed Form I-765?
    □ Yes □ No

#12: Check “Yes” and include a copy of the EAD card or any other notices (such as a withdrawal notice or denial notice). Then see Part 6, Additional Information.

13.b. Provide your Social Security number (SSN) (if known)
   □ Yes □ No

14. Do you want the SSA to issue you a Social Security card? (You must also answer “Yes” to Item 15., Consent for Disclosure, to receive a card.)
   □ Yes □ No

#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.

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

13. a. Social Security Number (SSN) (if known)
   □ Yes □ No

13. b. Social Security Number (SSN) (if known)
   □ Yes □ No

13. c. Social Security Number (SSN) (if known)
   □ Yes □ No

14. Do you want the SSA to issue you a Social Security card? (You must also answer “Yes” to Item 15., Consent for Disclosure, to receive a card.)
   □ Yes □ No

15. Consent for Disclosure of Social Security number for the purpose of completing your Social Security Application
   □ Yes □ No

#15: If you answered “No” to Item 14, skip to Part 2. Item 15 if you want to have the SSA issue you a Social Security number.

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

18.a. Country
   India

18.b. Country
   India

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

19.b. State/Province of Birth
   
Maharashtra

19.c. Country of Birth
   
India

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

#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

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

#21-#24: 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.
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.

<table>
<thead>
<tr>
<th>Part 3. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NOTE:</strong> 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.</td>
</tr>
<tr>
<td><strong>Applicant’s Statement</strong></td>
</tr>
<tr>
<td><strong>NOTE:</strong> Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</td>
</tr>
<tr>
<td><strong>1.a.</strong></td>
</tr>
<tr>
<td><strong>1.b.</strong></td>
</tr>
<tr>
<td><strong>2.</strong></td>
</tr>
<tr>
<td><strong>Applicant’s Contact Information</strong></td>
</tr>
<tr>
<td><strong>3.</strong></td>
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<td></td>
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<tr>
<td><strong>4.</strong></td>
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<td><strong>5.</strong></td>
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<tr>
<td><strong>6.</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant’s Declaration and Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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:</td>
</tr>
<tr>
<td>1) I reviewed and understood all of the information contained in, and submitted with, my application; and</td>
</tr>
<tr>
<td>2) All of this information was complete, true, and correct at the time of filing.</td>
</tr>
<tr>
<td>I certify, under penalty of perjury, that my application and all of the information provided or authorized are correct.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7.a.</strong> Applicant’s Signature</td>
</tr>
<tr>
<td><strong>7.b.</strong> Date of Signature (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Part 4. Interpreter’s Contact Information, Certification, and Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interpretor’s Full Name</strong></td>
</tr>
<tr>
<td><strong>1.a.</strong> Interpreter’s Family Name (Last Name)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>1.b.</strong> Interpreter’s Given Name (First Name)</td>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Interpreter’s Business or Organization Name (if any)</td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

Part 4: Most students will not use an interpreter or preparer. However, you still must fill in the boxes with "NA."
Part 4. Interpreter's Contact Information, Certification, and Signature

**Interpreter's Mailing Address**

<table>
<thead>
<tr>
<th>3.a. Street Number and Name</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.c. City or Town</td>
<td>N/A</td>
</tr>
<tr>
<td>3.d. State □ 3.e. ZIP Code</td>
<td>N/A</td>
</tr>
<tr>
<td>3.f. Province</td>
<td>N/A</td>
</tr>
<tr>
<td>3.g. Postal Code</td>
<td>N/A</td>
</tr>
<tr>
<td>3.h. Country</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number
   N/A
5. Interpreter's Mobile Telephone Number (if any)
   N/A
6. Interpreter's Email Address (if any)
   N/A

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English □, 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 | N/A |
| 7.b. Date of Signature (mm/dd/yyyy) | N/A |

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)
   N/A
1.b. Preparer's Given Name (First Name)
   N/A
2. Preparer's Business or Organization Name (if any)
   N/A

**Preparer's Mailing Address**

3.a. Street Number and Name
   N/A
3.c. City or Town
   N/A
3.d. State □ 3.e. ZIP Code N/A
3.f. Province
   N/A
3.g. Postal Code
   N/A
3.h. Country
   N/A

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number
   N/A
5. Preparer's Mobile Telephone Number (if any)
   N/A
6. Preparer's Email Address (if any)
   N/A

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**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. Most students will not use an interpreter or preparer. However, you still must fill in the boxes with “NA.”
Part 6 is for additional information. You only need to use this form if you have previously used CPT or OPT, if your answers to any questions are too long for the box you can fill in additional information here. 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.

#1: Fill in your name
#2: Fill in your A-Number, if applicable

Make sure to note which page number, part number, and item number you are referencing

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