SAMPLE I-765 for Post Completion OPT Application

ISSS comments are in grey boxes. You must send USCIS all 7 pages of this form when applying. This is to serve as a visual example only; not as a template. Please read the USCIS instructions in order to complete your individual form correctly.

START HERE - Type or print in black ink. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have?”), type or print “None” unless otherwise directed.

Part 1: You must check a box
If you have never before received an EAD card, check 1.a. If you have had an EAD card previously, ask ISSS for guidance.

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 the edition date in the lower left corner and be sure it is the latest edition according to USCIS’s website. The edition date may have been updated at the time you are applying, so please check USCIS’s website for the latest edition.
#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.

#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 and #9: If you have received an A-Number or USCIS Online Account Number (such as through USCIS ELIS) previously you must include these for 8 and 9. Many students may not have these numbers. If you have received an EAD card previously, the A-Number is the USCIS number (9 digits) on the card.

#12: If you have ever filed an I-765 click “Yes” and include a copy of the EAD card or any other notices (such as a withdrawal notice or denial notice).

#13: 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.
**#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
   - [Field]

19.b. State/Province of Birth
   - [Field]

19.c. Country of Birth
   - [Field]

20. Date of Birth (mm/dd/yyyy)  
   - [Field] 08/05/1995

---

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

21.a. Form I-94 Arrival-Departure Record Number (if any)
   - [Field] 1234567890

21.b. Passport Number of Your Most Recently Issued Passport
   - [Field] G1234567

21.c. Travel Document Number (if any)
   - [Field] N/A

21.d. Country That Issued Your Passport or Travel Document
   - [Field] India

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
   - [Field] 05/31/2022

21.f. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)
   - [Field] 08/31/2017

22. Place of Your Last Arrival Into the United States
   - [Field] NYC JFK

23. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
   - [Field] F-1 Student

24. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
   - [Field] F-1 Student

25. Student and Exchange Visitor Information System (SEVIS) Number (if any)
   - [Field] N0001234567

---

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

---

**#27:**

- Pre-Completion OPT: (C) (3) (A)
- Post-Completion OPT: (C) (3) (B)
- STEM OPT: (C) (3) (C)

**#28.a.** Degree
   - [Field] N/A

**#28.b.** Employer's Name as Listed in E-Verify
   - [Field] N/A

**#28.c.** Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
   - [Field] N/A

---

**#29.** Eligibility Category. If you entered the eligibility category (c)(6)(C) in Item Number 27, provide the information requested in Item Numbers 28.a. - 28.c.

---

**#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 used other SEVIS numbers you must enter those on Part 6.
Part 3: Read the applicant statement in its entirety and check the appropriate box. For most students, it will be 1.a. most students will complete the form on their own without an interpreter or preparer. Make sure you read and understand the applicant’s declaration and certification before signing.

NOTE: Refer to the Special Filing Instructions for Those With Pending Asylum Applications (c)(8) section of the Form I-765 Instructions for more information.

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.

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 in a language in which I am fluent, and I understood everything.

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 Daytime Telephone Number

5185551234

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

5185559876

5. Applicant’s Email Address (if any)

jamithex@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.
Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

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:

[Signature]

Your signature must be an original signature in black pen. It cannot be electronic or typed.

Applicant’s Signature

7.a. Applicant’s Signature

7.b. Date of Signature (mm/dd/yyyy) 09/04/2020

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

Interpreter’s Full Name

1.a. Interpreter’s Family Name (Last Name) N/A

1.b. Interpreter’s Given Name (First Name) N/A

2. Interpreter’s Business or Organization Name (if any) N/A

Interpreter’s Mailing Address

3.a. Street Number and Name N/A


3.c. City or Town N/A

3.d. State N/A 3.e. ZIP Code N/A

3.f. Province N/A

3.g. Postal Code N/A

3.h. Country N/A

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:

[Signature]

I am fluent in English and [N/A], 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) N/A

Part 4: Most students will not use an interpreter or preparer. That’s why here the boxes are filled in with “N/A”
Most students will not use an interpreter or preparer. That's why here the boxes are filled in with "N/A."

### 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.b.  
3.c. City or Town  
N/A
3.d. State  
N/A  
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

### 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-23, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

### Preparer's Certification
By my signature below, I certify that the application contains information 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  
N/A
8.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.
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 and 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

[Signature]

8.b. Date of Signature (mm/dd/yyyy) [Signature]
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: Fill in your name
#2: Fill in your A-Number, if applicable

<table>
<thead>
<tr>
<th>Page Number</th>
<th>Part Number</th>
<th>Item Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>27</td>
</tr>
</tbody>
</table>

5.d. I was previously authorized for part-time CPT for my master's program from 8/27/2016-12/15/2016. I have enclosed a copy of my I-20 as documentation of this authorization.

6.d. N/A

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

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

4.d. I have previously been 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. I have enclosed my prior I-20 and EAD card as documentation of this authorization.

N/A

Form I-765 Edition [Date is here]

Sign and date this page in black pen ink.