

Boston University is approved by U.S. Department of Homeland Security (DHS) to sponsor international students in F-1 student status. In the role of F-1 sponsor, ISSO advisors are Designated School Officials (DSOs), responsible for advising students on maintaining lawful F-1 status, keeping an up-to-date immigration record in the Student and Exchange Visitor Information System (SEVIS), as well as recommending and approving certain types of F-1 employment.

If you choose to apply for Optional Practical Training (OPT), your ISSO advisor is responsible to evaluate whether you appear to meet key criteria for applying for OPT (including eligibility requirements and filing window), and make a recommendation for OPT to the U.S. Citizenship and Immigration Service (USCIS). You will be issued a new Form I-20 reflecting this recommendation.

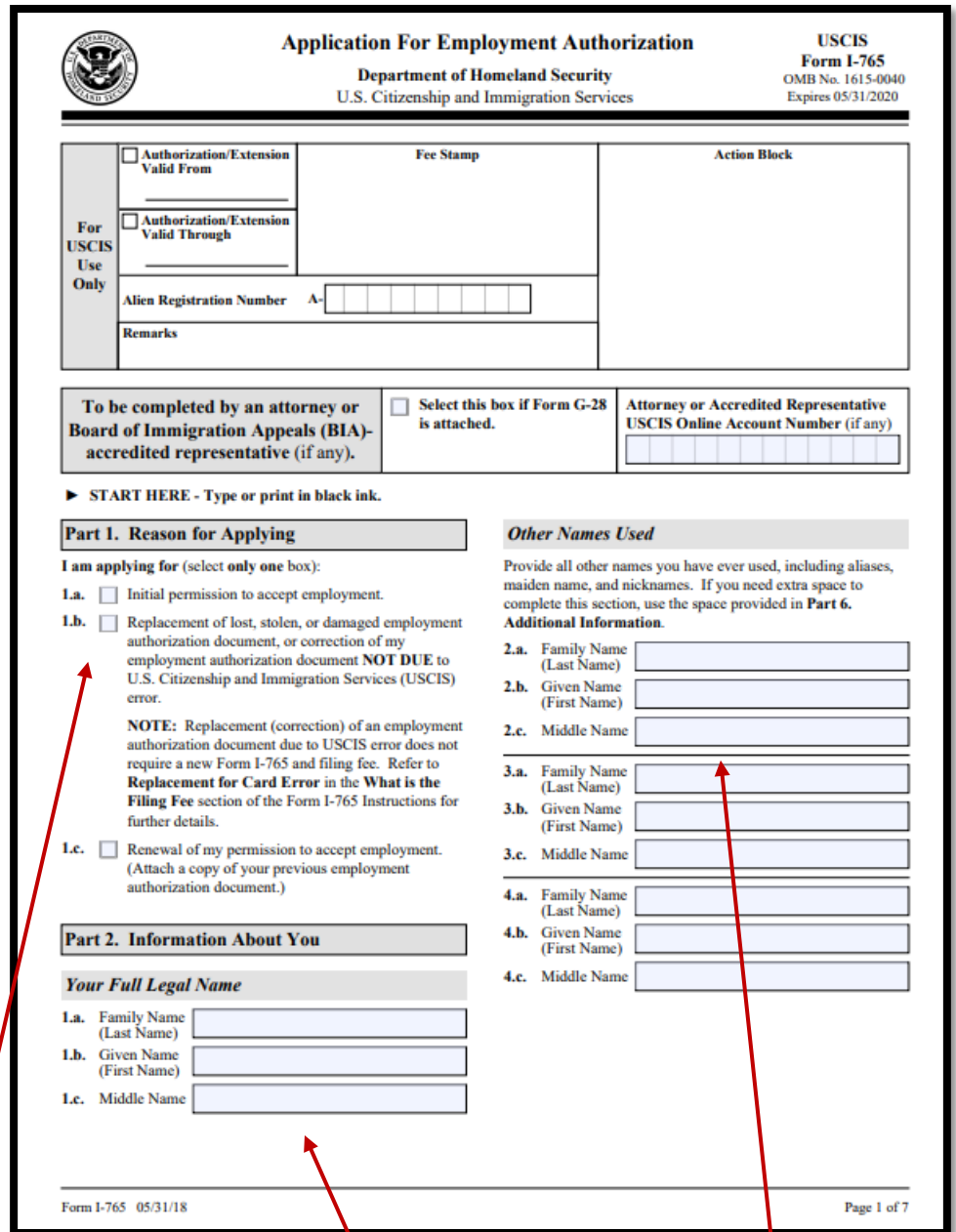
As you prepare your application for OPT, an ISSO advisor may review your Form I-765 and point you to resources to assist you in completing the form. ISSO advisors are not authorized, however, to serve as an "Interpreter" or "Preparer" as referenced on the form. Students requiring additional assistance to complete the form are advised to seek legal advice from a reputable immigration attorney.

This handout is intended as a guide to assist you in completing your application. You are responsible for completing and submitting the form to USCIS and all of the information on the form.

Make certain you are using the most recent version of the form by downloading it directly from:
https://www.uscis.gov/system/files_force/files/form/i-765.pdf

Detailed instructions for preparing the Form I-765 can be found on the USCIS website:
https://www.uscis.gov/system/files_force/files/form/i-765instr.pdf

Additional guidance can also be found on the USCIS checklist: **Part 1. Reason for Applying**
<https://www.uscis.gov/i-765Checklist>



Application For Employment Authorization
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS Form I-765
 OMB No. 1615-0040
 Expires 05/31/2020

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid Through _____ Alien Registration Number A- _____ Remarks _____	Fee Stamp	Action Block
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▶ **START HERE - Type or print in black ink.**

Part 1. Reason for Applying

I am applying for (select **only one** box):

L.a. Initial permission to accept employment.

L.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.

L.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6.**

Additional Information.

2.a. Family Name (Last Name) _____

2.b. Given Name (First Name) _____

2.c. Middle Name _____

3.a. Family Name (Last Name) _____

3.b. Given Name (First Name) _____

3.c. Middle Name _____

4.a. Family Name (Last Name) _____

4.b. Given Name (First Name) _____

4.c. Middle Name _____

Part 2. Information About You

Your Full Legal Name

L.a. Family Name (Last Name) _____

L.b. Given Name (First Name) _____

L.c. Middle Name _____

Read every question carefully!
Answer all required fields.

Check one box only. Choose "Initial permission to accept" box if you have never applied for an EAD before.

Choose "Renewal of Permission" if you have ever in the past applied for an EAD for any reason.

Part 2. Information About You

Question 1. Enter your full legal name as it appears on your passport and Form I-20: Family Name, Given Name, Middle Name.

Questions 2-4 (if applicable)
 Enter other names used. For instance: your maiden name, and any other names used.

Part 2. Information about You

Questions 5-6. This is the address to which the EAD will be mailed. Be sure it is complete, clear, and accurate.

If you will not live at this address for at least 4 months, use another address. If you use a friend's address, use "In Care Of Name" field and list your friend's name. Only use the "In Care Of Name" field if this is not **your** address.

Question 12. Answer "yes" if you have previously filed a Form I-765 with USCIS for **any** reason. F-1 on-campus employment and Curricular Practical Training do not require a Form I-765. H-1B sponsorship is not filed using Form I-765.

Questions 13a. -17b.

13-14. Answer Yes and write in your Social Security Number (SSN) if you have one and answer No to question 14

If you do not have a Social Security Number (SSN) or need to replace your card, you can request a first-time or replacement SSN card by answering the remaining questions in this section.

Question 18. List country or countries of citizenship.

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any) _____

5.b. Street Number and Name _____

5.c. Apt. Ste. Flr. _____

5.d. City or Town _____

5.e. State 5.f. ZIP Code _____
(USPS ZIP Code Lookup)

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

7.a. Street Number and Name _____

7.b. Apt. Ste. Flr. _____

7.c. City or Town _____

7.d. State 7.e. ZIP Code _____

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

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.**

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 13.a.** **Consent for Disclosure**, to receive a card.) Yes No

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. Yes No

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 _____

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Questions 19-20
Enter place and date of birth

Print your most recent I-94 at <https://i94.cbp.dhs.gov/i94>. Make sure this matches your passport stamp as you answer questions about your last arrival into the U.S.

Questions 21-25:
Enter information from your I-94 and passport or travel document

Question 26:
Enter the SEVIS number from your most recent Form I-20. The number begins with "N" followed by 9 digits.

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) _____

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- _____

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)).

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 28.a - 28.c.**

28.a. Degree _____

28.b. Employer's Name as Listed in E-Verify _____

28.c. Employer'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.

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.

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Information About Your Eligibility Category

Question 27. Enter the eligibility code appropriate to the employment type you are requesting:

- (c)(3)(A) – Pre-Completion OPT
- (c)(3)(B) – Post-Completion OPT
- (c)(3)(C) – STEM OPT Extension

Question 28a-28c. Complete these questions only if you are applying for a STEM OPT extension.

28a. Enter "Degree" level (Bachelor's, Master's, Doctorate) and major.

28b.-28c. Enter your Employer's Name as it appears in E-Verify and the E-Verify Company Number

You can add additional information in Part 6 on Page 7.

Questions 29-31 are not applicable to students applying for F-1 OPT and STEM OPT.

Part 3.

Applicant's Statement
Questions 1-2: Select applicable boxes related to English language comprehension and the need for an interpreter.

Applicant's Contact Information
Questions 3-5: Enter your daytime phone number, mobile phone number, and email address

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 understand 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 _____
- 4. Applicant's Mobile Telephone Number (if any) _____
- 5. Applicant's Email Address (if any) _____
- 6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the AEC 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) _____

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) _____

Applicant's Declaration and Certification

Don't forget to sign and date your application! (black ink) You are not allowed to use an electronic signature.

Sign and Date this form only **AFTER** you have received your Form I-120 with you OPT recommendation

Part 4. Interpreter information is only required if you used an **interpreter** to complete your Form I-765.

Part 4. This information is only required if you used an **interpreter** to complete your Form I-765.

Part 5. This information is only required if you used a **preparer** to complete your Form I-765.

While the ISSO may review your Form I-765 for basic completeness, we are not serving as a preparer and cannot give formal legal advice about this form.

If you have questions about how best to complete the form, you may wish to consult a knowledgeable immigration attorney.

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

- 3.a. Street Number and Name _____
- 3.b. Apt. Ste. Flr. _____
- 3.c. City or Town _____
- 3.d. State _____ 3.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.b. Apt. Ste. Flr. _____
- 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) _____

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 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 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

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

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Part 6. Additional Information.

Use this page if you need to provide additional information about any of the questions on the Form I-765.

Questions 1a-2.

Provide your Family Name, Given Name, Middle Name, and A-Number (if any).

Questions 3-7

If you wish to provide additional information about a prior question, enter the page number, part number and item number you wish to reference.

For instance, to add an additional country of citizenship, enter:

3a. Page Number	3b. Part Number	3c. Item Number
2	2	18

3d. Country 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-

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

3.d.

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

4.d.

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Part 5. (continued)

This statement and certification is only required if you used a preparer to complete your Form I-765.

What type of information should be added to Part 6 on Page 7?

See Form [I-765 instructions](#) and the [USCIS checklist](#) for further guidance.

The official I-765 instructions indicate that you use **Part 6. Additional Information** to provide all previously used SEVIS numbers and evidence of any previously authorized CPT or OPT and the academic level at which it was authorized but it does not indicate exactly how to list this information.

You might consider referencing:

- any previous SEVIS numbers under (Page 3, Part 2, Item 26)
- any previously authorized CPT or OPT and the academic level at which it was authorized under (Page 2, Part 2, Item 12) or (Page 3, Part 2, Item 27)

OR suggest USCIS refer to copies of all previous I-20s included with the application for previous SEVIS numbers and previously approved CPT or OPT