

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.

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 the information provided on the form. **Make certain you are using the most recent version of the Form I-765 by downloading it directly from the USCIS website: <https://www.uscis.gov/i-765>.** After you print your Form I-765, make sure it shows the edition date and barcode on the bottom of each page as indicated below.

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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.

Resources when applying for OPT:

- ISSO Optional Practical Training (OPT) videos: <https://www.bu.edu/isso/employment-internships/student-off-campus-work-and-training/optional/applying-for-opt/>
- OPT Basics Workshop video: <https://www.bu.edu/isso/employment-internships/student-off-campus-work-and-training/optional/applying-for-opt/>
- ISSO Assembly and Mailing Instructions: <https://www.bu.edu/isso/files/2020/05/Post-Completion-OPT-Mailing-instructions.pdf>
- USCIS Form I-765 checklist: <https://www.uscis.gov/forms/filing-guidance/checklist-of-required-initial-evidence-for-form-i-765-for-informational-purposes-only>
- USCIS Form I-765 instructions: <https://www.uscis.gov/sites/default/files/document/forms/i-765instr.pdf>



Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 07/31/2022

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through		
	Alien Registration Number A- [] [] [] [] [] [] [] [] [] []		
Remarks			

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).

Select this box if Form G-28 is attached.

Attorney or Accredited Representative USCIS Online Account Number (if any) [] [] [] [] [] [] [] [] [] []

▶ **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" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

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.)

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

- 1.a. Family Name (Last Name) [] [] [] [] [] [] [] [] [] []
- 1.b. Given Name (First Name) [] [] [] [] [] [] [] [] [] []
- 1.c. Middle Name [] [] [] [] [] [] [] [] [] []

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Part 2. Information about You

Items 5-7: This is the address to which the EAD will mailed. Be sure it is complete, clear, and accurate.

If you will not live at this address for at least 4 months in the future, 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.

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

Items 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 an initial or replacement SSN card by answering the remaining questions in this section.

Item 16-17: This should include your parents' full legal names.

In order to avoid errors, USCIS has recommended that this form be **typed**.

Please note that this form has indicated that if a question does not apply to you, you should enter "N/A" or "None" in the box. If you are not able to type the information in, you may handwrite the information in in black ink.

Part 1. Reason for Applying

Item 1. Please select the reason for why you are applying.

Part 2. Information About You

Item 1a-c. Please list your full legal name as stated in your passport.

Items 2a-4c. If you have any additional names you have legally gone by, you would add them here. Examples include maiden name, name prior to adoption, name changes, etc.

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 [] [] [] [] [] [] [] [] [] []
- 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 15., 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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Item 21-25: Enter information from your I-94 and passport or travel document.

Item 23: This should be the location you cleared customs. You can find your most recent point of entry on your entry stamp in your passport or your I-94 travel history.

Print your most recent I-94 at <https://i94.cbp.dhs.gov/i94>. Make sure this matches your most recent entry to the U.S.

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- _____

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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., provide the information requested in **Item Numbers 30.a. - 30.g.**

30.a. Have you EVER been arrested for, and/or charged with, and/or convicted of any crime in any country? Yes No

NOTE: If you answered "Yes" to Item Number 30.a., refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** of the Form I-765 Instructions for information about providing court dispositions.

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you MUST provide evidence of your lawful entry.) Yes No

30.c. If you answered "No" to Item Number 30.b., did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry AND express an intention to seek asylum _____

Item 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

Item 28: 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.

Item 29-30 are not applicable to students applying for F-1 OPT and STEM OPT.

Part 2. Information About You

Item 30-31 are not applicable to students applying for F-1 OPT and STEM OPT.

Part 3. Applicant's Statement

Item 1-2: Select applicable boxes related to English language comprehension and the need for an interpreter.

Applicant's Contact Information

Item 3-5: Enter your daytime phone number, mobile phone number, and email address.

Part 2. Information About You (continued)

If you answered "Yes" to Item Number 30.c., provide the following information:

30.d. Date you presented yourself to DHS _____
30.e. Location where you presented yourself to DHS _____
30.f. Country of claimed persecution _____

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

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.

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 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 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.

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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-20 with you OPT recommendation.

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 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)

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)



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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)

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)

Part 5. Preparer's information

This information is only required if you use a **preparer** to complete your Form I-765. For example, preparer could be your employer.

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 consult a knowledgeable immigration attorney.



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. _____

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

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number
6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number
7.d. _____



Part 6. Additional Information

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

Item 1-2.

If you typed form, this will be auto filled. If not, provide your Family Name, Given Name, Middle Name.

Item 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 old SEVIS ID, enter:

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

3d. SEVIS ID number

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 (for OPT- Page 2, Part 2, Item 12) or (for CPT- 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. If you are missing any immigration documents (for example, old EAD, previously issued I-20s, etc.), you could mention this information on page 7.