

Guidelines for Completing Form I-765 STEM Optional Practical Training (STEM OPT)

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input style="width: 100%;" type="text"/>
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Leave this section blank. Skip this section and go to Part 1. Reason for Applying.

PART 1. Reason for Applying:

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.)

Select 1c.

PART 2. Information About You

Your Full Legal Name = Must match how your name appears on your Form I-20.

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

Family Name = Surname on Form I-20

Given Name = same as Given Name on Form I-20

Middle Name = leave blank

Other Names Used: Only complete this next section if you have another legal name that appears in current or previous Passport, or visa, or Form I-20.

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

If no other legal name, then items 2a-4c, type "N/A".

Your U.S. Mailing Address:

- USCIS will use your US Mailing Address to send your Employment Authorization Document (EAD), if application is approved.
- If your mail is sent to someone other than yourself, then do following:

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

5.a. Provide person's name under "In Care of Name".

Item 6: Click on **NO**. If you answered "No" then you must provide your Physical US Address for 7.a.-7.e.

US Physical Address (items 7a-7e) cannot be blank.

- It is acceptable to you use a US Post Office address as your mailing address. See sample below:

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

Item 5a: Provide your name.

Item 5b-5f: Provide PO Box address. No punctuation marks.

Item 6: Click on **No**. If you answered "No" then you must provide your Physical US Address for 7.a.-7.e.

US Physical Address (items 7a-7e) cannot be blank. You cannot use a PO Box address for US Physical Address.

- If your US Mailing Address is the same as your US Physical Address then do the following:

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

Item 5a: Leave blank.

Items 5b, 5c (if applicable), 5d, 5e, and 5f: Provide info.

Item 6: Click on **YES**.

US Physical Address
Items 7a-7e: Leave blank

Go to next section, **Other Information**.

Other Information

Item 8. Alien Registration Number (A-Number) (if any) = Leave blank. Do not put I-94 number.

Item 9. USCIS Online Account Number (if any) = Leave blank. Do not put I-94 number.

Item 10 & 11: Please provide your appropriate responses.

Item 12. Have you previously filed Form I-765?

- You must answer “Yes” because you previously filed an I-765 for your OPT application

Items 13a-17b related to Social Security Information.

If you already have a Social Security Number, then do the following:

- Item 13a: Select “Yes”.
- Item 13b: Provide your Social Security Number.
- Skip to next section, **Your Country or Countries of Citizenship or Nationality**.

If you do not have a Social Security Number, then do the following:

- Item 13a: Select “No”.
- Skip to Item 14.
- Items 14 -17b: *optional*; you are not required to request an SSN using this application.

Your Country or Countries of Citizenship or Nationality:

- Item 18a = Provide name of the country where you are currently a citizen or national (Passport Country). If you are a citizen of only one country then leave Item 18b blank and skip to **Place of Birth** section.
- Item 18b = If you are a citizen of more than one country, provide name of the country that issued your last passport.

Place of Birth:

- Item 19a: Please provide your appropriate response.
- Item 19b: Please provide your appropriate response. If no state/province, then type “N/A”.
- Item 19c: Please provide your appropriate response.
- Item 20: Date of Birth (mm/dd/yyyy) Example: 12/24/1998 = December 24, 1998

Information About Your Last Arrival in the United States

- Item 21a: Form I-94 Arrival-Departure Record
- Item 21b: Passport Number of your most recently issued passport
- Item 21c: Type “None”.
- Item 21d: Country that issued your passport
- Item 21e: Expiration Date for Passport (mm/dd/yyyy)
- Item 22: Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)
- Item 23: Place of Your Last Arrival into the United States
- Item 24: Immigration Status at Your Last Arrival (Example, F-1 student)
- Item 25: Current Status at your last arrival (Example: F-1 student)
- Item 26: Provide your SEVIS ID#. Check your Form I-20 for this.

Information About Your Eligibility Category

- Item 27: Answer as follows:
(c)(3)(C)
- Item 28a: list your degree level and major name. If unable to because of character limit, use Part 6 of this form. Examples: Master’s Degree in Computer Science or Bachelor’s Degree in Business Administration Business Analytics.
- Item 28b: enter your Employer’s Name as Listed in E-Verify. Use the E-Verify public search or if the employer is unlisted, inquire with the employer

- Item 28c: enter your Employer's E-Verify number. This number is different than the IRS Tax ID Number and is 5-6 digits in length.
- Skip Items 29-31b

PART 3: Applicant's Statement, Contact Information, Declaration, Certification, and Signature

- **Applicant's Statement:** Item 1a. Select this by placing an "X".
- **Applicant's Contact Information:**
 - Items 3 & 4 = Provide your phone numbers (no symbols)
 - Item 5 = Provide your email address.
 - Item 6 = Respond if applicable.
- **Applicant's Declaration and Certification**
- **Applicant's Signature**
 - Item 7a = **Use black ink pen to sign in this box.**
 - Item 7b = **Use black ink pen to print date of mailing your packet to USCIS.**

PART 4 and PART 5 = Leave blank.

PART 6. Additional Information

This part is to be completed to provide additional information and documents to USCIS

All STEM OPT applicants must provide a Copy of CSUF issued OPT I-20s and EAD showing the current Optional Practical Training approval and fill out Part 6, Items 1a-3d, as seen below:

- Item 1a = Using black ink pen, print your Surname as it appears on your I-20
- Item 1b = Using black ink pen, print your Given name as it appears on your I-20
- Item 1c = Type "N/A"
- Item 2 = Leave blank.

SAMPLE OF HOW TO COMPLETE Items 3a-3d.

3.a. Page Number	3.b. Part Number	3.c. Item Number
3	2	27
3.d. SEVIS ID# N1234567890		
Post Completion OPT Granted		
Master's Degree		
02/01/2016 to 01/13/2017		

OPTIONAL: In addition to the above, you **may** also be required to use Part 6 if you have had CPT, other period of OPT or Economic Hardship. If you are subject due to having been granted CPT, other period of OPT or Economic Hardship, you must submit:

- Copy of Previous Form I-20 showing Curricular Practical Training granted
- Copy of Previous Form I-20 showing Pre-Completion Optional Practical Training (for current degree or previous degree)
- Copy of Previous Form I-20 showing Optional Practical Training recommended based on other degree program
- Copy of Previous Form I-20 showing recommendation for Off-Campus Employment Authorization due to Severe Economic Hardship
- Copies of previous Employment Authorization Documents (EADs) other than your current OPT EAD

If you are a STEM applicant that was granted CPT at CSUF or any other school, provide the associated I-20 and fill out Part 6 as follows:

3.a. Page Number	3.b. Part Number	3.c. Item Number
3	2	27
3.d. SEVIS ID# N1234567890; Part-time		
Curricular Practical Training granted;		
Master's degree; 02/01/2016 to		
05/11/2016		

SEVIS ID Number;
 Specify if part-time or full-time Curricular Practical Training;
 Specify your Academic Program when CPT was granted;
 Include CPT start and end Dates

If you are a STEM applicant that was granted a Pre-Completion OPT at CSUF or OPT at any other school, provide the associated I-20 and EAD and fill out Part 6 as follows:

4.a. Page Number	4.b. Part Number	4.c. Item Number
3	2	27
4.d. SEVIS ID# N1234567890; Post-Completion		
Optional Practical Training;		
Bachelor's degree; 06/15/2012 to		
06/14/2013		

SEVIS ID Number;
 Specify if Part-time or Full-time Pre-Completion or Post-Completion Practical Training;
 Specify your Academic Program when OPT was recommended;
 Include OPT start and end dates.

If you are a STEM applicant that was granted an EAD for Economic Hardship at CSUF or at any other school, provide the associated EAD and fill out Part 6 as follows:

5.a. Page Number	5.b. Part Number	5.c. Item Number
3	2	27
5.d. SEVIS ID# N1234567890; Employment		
Authorization Document for Post-		
completion Optional Practical		
Training; Bachelor's degree;		
06/15/2012 to 06/14/2013		

SEVIS ID Number;
 Specify if Part-time or Full-time Economic Hardship
 Specify your Academic Program when Economic Hardship EAD was recommended;
 Include the Economic Hardship start and end dates.