

## Guidelines for Preparing and Mailing Optional Practical Training (OPT) Application Packet

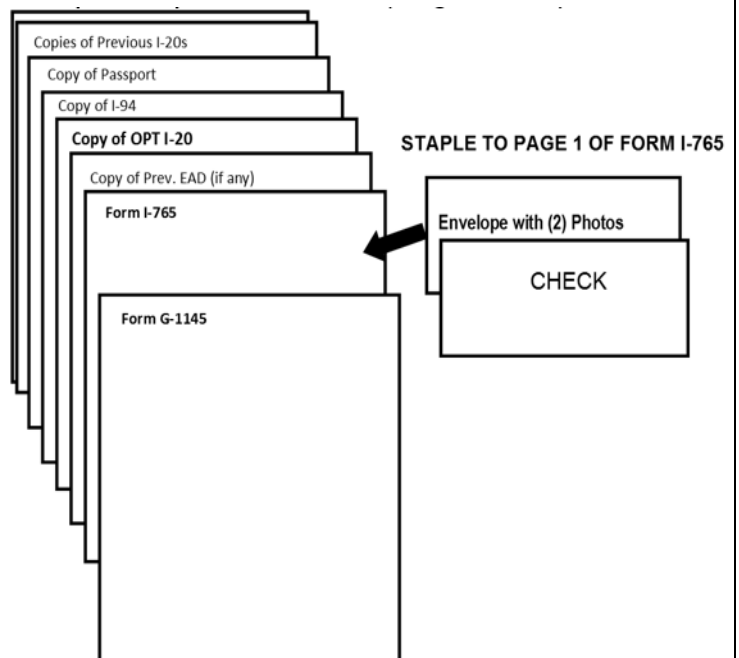
### To Request OPT I-20:

1. View the ISS OPT Overview Video.
2. Submit the [Optional Practical Training \(OPT\) Request](#) from.
3. Allow 10-15 business days for your request to be processed.
4. Your electronic OPT I-20 will be sent to your CSUF email address.

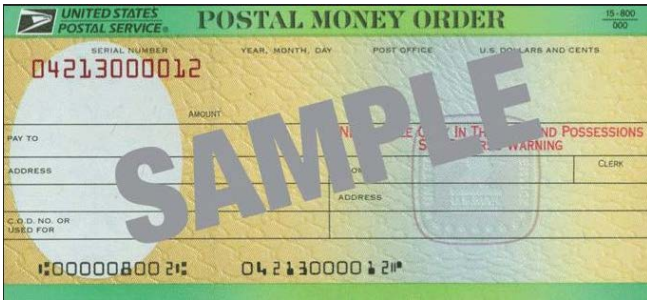
### Checklist of Documents to Submit to USCIS after receiving OPT I-20

All documents must be single-sided and not stapled.

- 1. **Copy of OPT I-20 (Sign and date it with black ink.)**
- 2. **Form G-1145, E-Notification (go to [uscis.gov](http://uscis.gov) to complete form & print)**
- 3. **Form I-765 (go to [uscis.gov](http://uscis.gov) to complete form & print; do not e-file; sign and date with black ink. Refer to page 3-8 of this document for instructions.)**
- 4. **Copy of Unexpired Passport**
- 5. **Copy of I-94 (for white card version, copy front & back; for online version, go to [www.cbp.gov/i94](http://www.cbp.gov/i94) to print.**
- 6. **Copy of all previously issued I-20s (do not copy instruction page; do NOT staple pages)**
- 7. **Copy of any previously issued EAD cards, if any (Employment Authorization Documents)**
- 8. **TWO U.S. Passport Style Photos** taken within last 30 days.  
Place photos in a small envelope with your name & SEVIS# on the envelope.
- 9. **Personal check or money order for \$520.00 Payable to US Department of Homeland Security.** Do not place in envelope with photos.



## SAMPLE OF MONEY ORDER:



Fill out a Money Order from the **US Post Office**:

**Pay To:** US Department of Homeland Security

**Address:** Refer to [USCIS Direct Filing](#)

[Addresses for I-765](#)

**Amount:** \$520

**From or Purchaser of Sender:** Your First Name, Your Last Name

**Address:** Your U.S. Address

Write your SEVIS ID Number and Date of Birth somewhere on the money order

## SAMPLE PERSONAL CHECK:

<b>John Doe</b> 123 Main St Anywhere US 10111	SEVIS ID: N##### DOB: MM/DD/YYYY	Date <u>04/05/2024</u>	790 1-6781239
PAY TO THE ORDER OF	<u>US Department of Homeland Security</u>	<input type="text" value="\$520"/>	
Five hundred and twenty dollars only			DOLLARS
Your Bank 456 Main St Anywhere US 10111		Your signature	
MEMO <u>Form I-765 OPT</u>			
⑆ 123456789 ⑆		⑆ 00001234 ⑆ 0790	

Fill out a non-USPS Money Order (**from 7-11, CVS, etc.**):

**Pay To:** US Department of Homeland Security

**Amount:** \$520

**From or Purchaser of Sender:** Your First Name, Your Last Name

**Address:** Your U.S. Address

Write your SEVIS ID Number and Date of Birth somewhere on the money order

## US PASSPORT PHOTO REQUIREMENTS

Taken from **Page 26** of [I-765 Instructions](#):

You must submit two identical color passport-style photographs of yourself taken recently. The photos must have a white to off-white background, be printed on thin paper with a glossy finish, and be unmounted and unretouched. The two identical passport-style photos must be 2 by 2 inches. The photos must be in color with a full face, frontal view, on a white to off-white background. Head height should measure 1 to 1 3/8 inches from the top of your hair to the bottom of your chin, and eye height is between 1 1/8 to 1 3/8 inches from the top of your eyes to the bottom of photo. Your head must be bare unless you are wearing headwear as required by a religious denomination of which you are a member. Using a pencil or felt pen, lightly print your name and A-Number (if any) on the back of the photo.

## Mailing Application to USCIS:

Refer directly to USCIS webpage: [Direct Filing Addresses for Form I-765](#).

ISS recommends that you mail your application to USCIS within 3 days of receiving your OPT I-20. USCIS will deny your application if it is not received within 30 days of the ISS Advisor's OPT recommendation in your SEVIS record.

## Guidelines for Completion Form I-765 for Pre- or Post-Completion Optional Practical Training (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:

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

**Part 1. Reason for Applying**

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

1.a.  Initial permission to accept employment.

Select 1a.

### 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

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3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

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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)	<input type="text" value="Elisabeta Perez"/>
5.b. Street Number and Name	<input type="text" value="12345 Main St"/>
5.c. <input checked="" type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text" value="B4"/>
5.d. City or Town	<input type="text" value="Fullerton"/>
5.e. State <input type="text" value="CA"/>	5.f. ZIP Code <input type="text" value="92831"/> <a href="#">(USPS ZIP Code Lookup)</a>
6. Is your current mailing address the same as your physical address?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<input type="text" value="678 Nutwood"/>
7.b. <input checked="" type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text" value="C9"/>
7.c. City or Town	<input type="text" value="Fullerton"/>
7.d. State <input type="text" value="CA"/>	7.e. ZIP Code <input type="text" value="92831"/>

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)	<input type="text" value="Anna Maria Blanco Santiago Saenz"/>
5.b. Street Number and Name	<input type="text" value="PO Box 6789"/>
5.c. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
5.d. City or Town	<input type="text" value="Fullerton"/>
5.e. State <input type="text" value="CA"/>	5.f. ZIP Code <input type="text" value="92831"/> <a href="#">(USPS ZIP Code Lookup)</a>
6. Is your current mailing address the same as your physical address?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<input type="text" value="678 Nutwood"/>
7.b. <input checked="" type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text" value="C9"/>
7.c. City or Town	<input type="text" value="Fullerton"/>
7.d. State <input type="text" value="CA"/>	7.e. ZIP Code <input type="text" value="92831"/>

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:

<b>Your U.S. Mailing Address</b>	
5.a. In Care Of Name (if any)	<input type="text"/>
5.b. Street Number and Name	<input type="text" value="678 Nutwood"/>
5.c. <input checked="" type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text" value="c9"/>
5.d. City or Town	<input type="text" value="Fullerton"/>
5.e. State <input type="text" value="CA"/>	5.f. ZIP Code <input type="text" value="92831"/>
<small><a href="#">(USPS ZIP Code Lookup)</a></small>	
6. Is your current mailing address the same as your physical address?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<small>NOTE: If you answered "No" to Item Number 6., provide your physical address below.</small>	
<b>U.S. Physical Address</b>	
7.a. Street Number and Name	<input type="text"/>
7.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
7.c. City or Town	<input type="text"/>
7.d. State <input type="text"/>	7.e. ZIP Code <input type="text"/>

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?

- If you have applied for Optional Practical Training or Economic-hardship based Employment Authorization before, then select "Yes". You must have copies of previous EADs.
- If this is your first time submitting Form I-765, then select "No".

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:
  - For Pre-Completion Optional Practical Training  
( c ) ( 3 ) ( A )
  - For Post-Completion Optional Practical Training.  
( c ) ( 3 ) ( B )
- Items 28 – 31b: Leave blank; skip and go to Part 3, Page 4.

**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 only if you are providing additional information and documents to USCIS, such as any of the following listed below:

- 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)

If you have any of these documents, then complete Part 6 as follows:

- Item 1a and 1b = These fields should auto-populate based on your response on Page 1, Part 2. If not, use a black ink pen to print your name as it appears on your I-20
- Item 1c = Leave blank.
- Item 2 = Leave blank.

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

If providing copies of previous Form I-20's showing Curricular Practical Training (CPT), then do the following:

- 3a. Page Number = 3
- 3b. Part Number = 2
- 3c. Item Number = 27
- 3d. See sample below

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

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 providing copies of previous Form I-20 showing Optional Practical Training (OPT) for either current or previous degree, then do the following:

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

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 providing copy of previous Employment Authorization Document, then do the following:

**SAMPLE FOR EAD for Previous OPT**

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;

Employment Authorization Document for Post-Completion Optional Practical Training;

Academic Program when OPT was recommended;

OPT start and end dates as they appear on the EAD

**SAMPLE FOR EAD for Economic Hardship-based EAD**

5.a. Page Number	5.b. Part Number	5.c. Item Number
3	2	27
5.d. SEVIS ID# N1234567890; Employment Authorization Document for Severe Economic Hardship; 01/10/2010 to 01/09/2011		

SEVIS ID Number;

Employment Authorization Document for Severe Economic Hardship;

Academic Program when OPT was recommended;

start and end dates as they appear on the EAD