

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

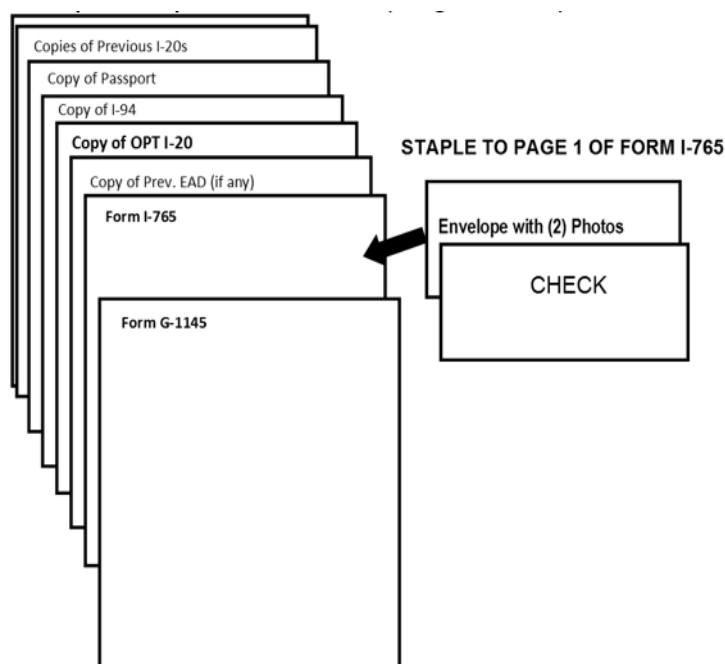
### To Request OPT I-20:

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.

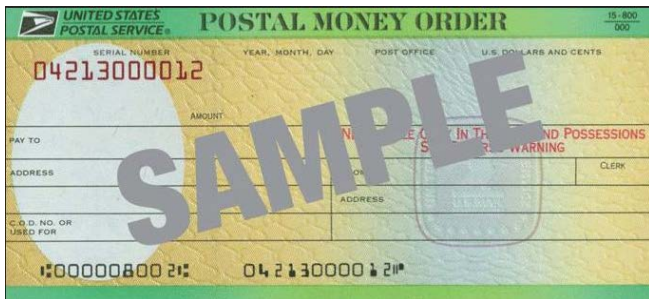
### Checklist of Documents to Submit to USCIS after receiving OPT I-20

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](https://uscis.gov) to complete form & print)
- ☐ 3. **Form I-765** (go to [uscis.gov](https://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](https://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:

John Doe 123 Main St Anywhere US 10111	SEVIS ID: N##### DOB: MM/DD/YYYY Date 04/05/2024	790 1-678/1239
PAY TO THE ORDER OF	US Department of Homeland Security	\$520
Five hundred and twenty dollars only		DOLLARS
Your Bank 456 Main St Anywhere US 10111		
MEMO Form I-765 OPT		Your signature
⑆ 123456789 ⑆		⑆ 001001239 ⑆ 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)

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

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)	<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:

Your U.S. Mailing Address	
5.a. In Care Of Name (if any)	<input type="text"/>
5.b. Street Number and Name	678 Nutwood
5.c. <input checked="" type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	C9
5.d. City or Town	Fullerton
5.e. State <input type="text" value="CA"/>	5.f. ZIP Code 92831
<a href="#">(USPS ZIP Code Lookup)</a>	
6. Is your current mailing address the same as your physical address?	
<input checked="" type="checkbox"/> Yes <input 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"/>
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

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

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 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