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

To Request OPT I-20:
1. Attend an OPT workshop.
2. Submit the Optional Practical Training (OPT) Request form.
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 to complete form & print)
☐ 3. Form I-765 (go to 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 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 $410.00 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:** $410  
**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:

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

**Pay To:** US Department of Homeland Security  
**Amount:** $410  
**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](https://www.uscis.gov/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)

PART 1. Reason for Applying:

START HERE - Type or print in black ink.

I am applying for (select only one box):

1a. Initial permission to accept employment.

PART 2. Information About You

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

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.

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:

  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.

  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:

- 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

<table>
<thead>
<tr>
<th>3.a. Page Number</th>
<th>3.b. Part Number</th>
<th>3.c. Item Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>27</td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>4.a. Page Number</th>
<th>4.b. Part Number</th>
<th>4.c. Item Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>27</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>5.a. Page Number</th>
<th>5.b. Part Number</th>
<th>5.c. Item Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>27</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>5.a. Page Number</th>
<th>5.b. Part Number</th>
<th>5.c. Item Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>27</td>
</tr>
</tbody>
</table>

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