

# OGS Sample Form I-765

## Georgetown University Office of Global Services (OGS)

### Instructions:

- Download Form I-765 directly from the [USCIS website](#). USCIS periodically publishes a new edition of Form I-765; ensure the edition you use is valid on the date you mail the application to USCIS.
  
- The OGS Sample Form I-765 is based on an old edition of Form I-765 and is intended as a general guide only. Answer all questions as they pertain to your specific situation and seek clarification if you have doubts. Also reference the [OGS website and FAQs](#) and the [OGS Canvas module](#) for your type of authorization.
  
- Reference the [USCIS instructions](#) for Form I-765; some requirements are listed only in the instructions and not on the form itself. Form I-765 is used by applicants in many different statuses. Some instructions apply to all users of the form; other instructions apply only to certain eligibility categories.
  
- Use *Part 6. Additional Information* if you need more space to provide a complete response. You may include multiple copies of this page if necessary.
  
- Type your responses and print the form; then provide your signature in black ink where indicated. USCIS does not accept a typed, stamped or electronically signed name. Keep your signature within the provided box.
  
- Submit all pages of the form, even if an entire page does not pertain to you. If a question or section does not pertain to you, leave it blank and then optionally write either “N/A” (not applicable) or “None” in black after printing.
  
- [USCIS](#) will mail EAD cards using U.S. Postal Service (USPS) Signature Confirmation Restricted Delivery, which includes options to:
  - (A) Present identification and provide a signature upon delivery.
  - (B) Collect the EAD from a post office retail location.
  - (C) Designate an agent/representative to receive the card on your behalf ([PS Form 3801](#)).
  
- To update the mailing address associated with your application, submit an online [USCIS Change of Address](#). If you or the person receiving the EAD on your behalf has moved, submitting an online [USPS Change of Address](#) is also necessary.



# Application For Employment Authorization

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

USCIS

Form I-765

OMB No. 1615-0040  
Expires 05/31/2020

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

## Part 1. Reason for Applying

I am applying for (select only one box):

1.a.  Initial permission to accept employment.

1.b.  Re-

Select 1a: Initial permission to accept employment even if you have had OPT at a previous educational level or are applying for a STEM extension.

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.)

## 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

### 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 (continued)

### Your U.S. Mailing Address

5.a. In Care Of Name (if any)

Jane Hoya

5.b. Street Number and Name

0000 35th St NW

5.c.  Apt.  Ste.  Flr.

A

5.d. City or Town

Washington

5.e. State

DC

5.f. ZIP Code

20007

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

55 Potomac Ave

7.b.  Apt.  Ste.  Flr.

3

7.c. City or Town

Washington

7.d. State

DC

7.e. ZIP Code

2 000 3

### 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.

Write a U.S. address that will remain valid for 3-5 months following submission of your application. USCIS will use this address to communicate with you throughout the application process. If you are not the registered resident at this address and someone else is receiving your mail, type their name in 5a.

The Post Office cannot forward mail from USCIS to a new address. USCIS receipt and approval notices, Employment Authorization Document (EAD), and SSN (if you requested one) will be sent to the address indicated in 5.a.-5.f. on this form. For accurate delivery, please verify your address with the U.S. Postal Service (USPS).

Starting in late 2019, EADs will be mailed using the USPS Signature Confirmation Restricted Delivery, which requires identification to sign for the document upon delivery. You will have the options to arrange for pick up at a post office or designate a person to sign for delivery on your behalf, including agents at a hotel, apartment or other rental.

### Father's Name

In item 7, type the address where you currently live

### Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name)

Hoya

17.b. Given Name (First Name)

Jane

### 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

India

18.b. Country

N/A

Everyone must answer 13.a.

If you do not yet have a Social Security Number (SSN), you can apply using this I-765 Form. You can also request a replacement SSN if your original SSN card was lost or stolen. Applying for an SSN will not delay your OPT application.

Item 27 is asking you to give the regulatory citation for the work permission you are requesting:

- Post-completion OPT: (c)(3)(B)
- Pre-completion OPT: (c)(3)(A)
- STEM OPT Extension: (c)(3)(C)
- International Organization (c)(3)(ii)

19.c. Country of Birth

India

20. Date of Birth (mm/dd/yyyy)

08/07/1988

#### *Information About Your Last Arrival in the United States*

21.a. Form I-94 Arrival-Departure Record Number (if any)

► 3 3 4 4 0 4 9 0 9 0 0

21.b. Passport Number of Your Most Recently Issued Passport

600000000

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

India

21.e. Expiration Date for Passport or Travel Document  
(mm/dd/yyyy)

08/19/2026

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

08/07/2018

23. Place of Your Last Arrival Into the United States

Dulles International Airport

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

F-1 Student

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

F-1 student

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- 0000000000

#### *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, (a)(8), (c)(17)(iii)).

( C ) ( 3 ) ( B )

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., have you EVER been arrested for and/or convicted of any crime?

Yes  No

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

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 [redacted], a language in which I am fluent, and I understood everything.
2.  At my request, the preparer named in Part 5., [redacted] prepared this application for me based only upon information I provided or authorized.

#### **Applicant's Contact Information**

3. Applicant's Daytime Telephone Number  
[redacted]  
**2020000000**
4. Applicant's Mobile Telephone Number (if any)  
[redacted]  
**3330000000**
5. Applicant's Email Address (if any)  
[redacted]  
**jackhoya@georgetown.edu**
6.  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

After you complete the entire form, print the form and sign your name in black ink.

**Do NOT provide a stamped or typewritten name instead of a signature.**

#### **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.

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  
[redacted]

- 7.b. Date of Signature (mm/dd/yyyy)  
[redacted]

**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)  
[redacted]
- 1.b. Interpreter's Given Name (First Name)  
[redacted]
2. Interpreter's Business or Organization Name (if any)  
[redacted]

**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  N/A

3.g. Postal Code  N/A

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)

**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)  N/A

**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)

**Part 5. Contact Information, Declaration, and  
Signature of the Person Preparing this  
Application, If Other Than the Applicant  
(continued)**

***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.

N/A

***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 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) **Georgetown Bulldog Terrier H**

1.b. Given Name (First Name) **Jack**

1.c. Middle Name

2. A-Number (if any) ► A- **|      |      |      |      |**

3.a. Page Number **3**      3.b. Part Number **2**      3.c. Item Number **26**

3.d. Previous SEVIS ID **N000000000000**,  
**09/08/13-05/20/16, Bachelor's**

**Previous SEVIS ID example**

4.a. Page Number **3**      4.b. Part Number **2**      4.c. Item Number **27**

4.d. **N0000000000, 07/07/17-09/07/17,**  
**Employer Name, Part-time Bachelor's**

**Previous CPT example**

5.a. Page Number **3**      5.b. Part Number **2**      5.c. Item Number **27**

5.d. **N0000000000, Post-Completion OPT,**  
**07/07/17-09/07/17, Employer Name,**  
**Part-time Bachelor's**

**Previous OPT example**

6.a. Page Number **1**      6.b. Part Number **2**      6.c. Item Number **1.a.**

6.d. **Family name did not fit in field 1.a.**  
**Full Family Name: Georgetown Bulldog**  
**Terrier Hoya**

**Example of additional information**

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

7.d.

Read the I-765 instructions carefully and complete this section only if:

- You have been approved for **CPT** in the past at any U.S. institution. List SEVIS ID, CPT Dates, Employer Name, Part-time or Full-time, Degree Level.
- You have been approved for **OPT** in the past at any U.S. institution. List SEVIS ID, OPT Type, OPT Dates, Employer Name, Part-time or Full-time, Degree Level.
- You have used a different SEVIS ID in F-1 status in the United States (for example, you attended school for a while, left the United States to take a break from school, and returned with a new I-20 Form, you would have a SEVIS ID from your first period of attendance that is different than your current SEVIS ID). Your SEVIS ID is on the top right corner of your I-20 Form and starts with N00.
- You wish to provide any additional information for any section of the Form I-765 (for example, your name was too long to type into the field).