

## **How to Complete the I-765 (24-month OPT STEM Extension)**

- Do not write in the block at the top of Form I-765
  - Below the block at the top of the form, where it says “I am applying for” mark, check the box: “Renewal of my permission to accept employment.”
- 1) **FAMILY NAME (surname), first name, and middle name.** Your name should be spelled exactly as it appears on your passport and OPT I-20.
  - 2) **Other names used:** Only if you have legally used a different name.
  - 3) **Address in the U.S.:** Use a residential address that will be valid for at least 3 months after submission of your application. USCIS mail cannot be forwarded to a new address by the postal service. If correspondence will be “in care of” a trustworthy friend or family member in the U.S., write the person’s name in block 2 (i.e., C/O John Doe) and the person’s address in block 3. Do NOT use a P.O. box as an address. Please note that you must mail your application to the USCIS Service Center serving the state of the address listed in this section.
  - 4) **Country of Citizenship/Nationality :** Should match the information on your passport
  - 5) **Place of Birth:** Should match the information on your passport
  - 6) **List the month/day/year you were born:** Should match the information on your passport.
  - 7) **Gender,** according to your passport
  - 8) **Marital Status:** Write your legal status
  - 9) **Social Security Number:** Answer “yes” to question 9a if you have applied for and received a SSN. Write your SSN in question 9b. This number stays the same throughout your work in the U.S. If you already have a SSN, leave questions 11-13 blank.
  - 10) **SSN Issuance:** If you do not have a SSN, or need a replacement, check “yes.” If you already have one or do not want to apply jointly, check “no.”
  - 11) **Consent for Disclosure:** Only answer if you are requesting a SSN. You must answer “yes”
  - 12) **Father’s Name:** Only fill this section out if you are requesting a SSN
  - 13) **Mother’s Name:** Only fill this section out if you are requesting a SSN
  - 14) **I94 Number:** List your I-94 number, as listed on your online retrievable I-94
  - 15) Mark “yes” since you have previously applied for an EAD card from USCIS. List the USCIS office where you applied and the date you applied/date on the I-797c receipt. If you applied for other work authorizations from USCIS in addition to the most recent OPT, please list them as well. Provide a copy of your EAD and I-20 with the OPT recommendation from your current OPT and any previously granted periods of employment by USCIS
  - 16) **Date of Last Entry into the U.S.:** Write the date of your last arrival to the U.S. You can find this in your I-94 travel history.
  - 17) **Place of Last Entry into the U.S.:** Write the port of entry you *first* entered the U.S. on your last arrival.
  - 18) **Status at Last Entry:** F-1 Student
  - 19) **Current Immigration Status:** F-1 Student
  - 20) **Eligibility Category:** c 3 C
  - 21) **c 3 C Category:** List your STEM degree CIP code (code next to major on I-20) , Employer Name and [E-Verify Number](#) of the company
  - 22) **N/A**
  - 23) **a.** N/A **b.** Select Yes or No appropriately

**DON'T FORGET TO SIGN, Date, and provide a telephone number under "Certification" in BLUE INK**



# Application For Employment Authorization

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

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 02/28/2018

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
			Relocated	
			Received	Sent
			Completed	
<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		Approved Denied A# _____
				<input type="checkbox"/> Applicant is filing under section 274a.12 _____

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

### I am applying for:

- Permission to accept employment.
- Replacement (of lost employment authorization document).
- Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).

### 1. Full Name

Family Name	First Name	Middle Name
Falcon	Flex	

### 2. Other Names Used (include Maiden Name)

Family Name	First Name	Middle Name
In C/O Bentley University - CISS		

### 3. U.S. Mailing Address

Street Number and Name	Apt. Number	
175 Forest Street	STU310	
Town or City	State	ZIP Code
Waltham	MA	02452

### 4. Country of Citizenship or Nationality

Falconia

### 5. Place of Birth

Town or City	State/Province	Country
BentleyTown	Falcon	Land

### 6. Date of Birth (mm/dd/yyyy)

11/11/1990

### 7. Gender Male Female

### 8. Marital Status

Single  Married  Divorced  Widowed

### 9. Social Security Number (Include all numbers you have ever used, if any)

111-11-1111

### 10. Alien Registration Number (A-Number) or Form I-94 Number (if any)

222222222

### 11. Have you ever before applied for employment authorization from USCIS?

Yes (Complete the following questions.)

Which USCIS Office?	Dates
Vermont	07/14/2016

Results (Granted or Denied - attach all documentation)

Granted

No (Proceed to Question 12.)

### 12. Date of Last Entry into the U.S., on or about (mm/dd/yyyy)

01/01/2017

### 13. Place of Last Entry into the U.S.

BOS

### 14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)

F-1 Student

### 15. Current Immigration Status (Visitor, Student, etc.)

F-1 Student

### 16. Eligibility Category. Go to the "Who May File Form I-765?" section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.

( c ) ( 3 ) ( C )

Mark "Renewal" for STEM OPT

2. & 3. This is the address where your EAD card will be sent. If you will be moving or traveling, use our office & put "In C/O Bentley-CISS" under "Other Names Used"

10. Retrieve your I-94 number from [www.cbp.gov/i94](http://www.cbp.gov/i94)

11. Mark "yes", enter appropriate info for your standard OPT approval

16. STEM OPT category is (c) (3) (C)

17. List your Degree Level (e.g. B.S, M.S. etc.), your qualifying STEM employer's name, and the [E-Verify Number](#) (Note: this is different from the EIN number)

17. (c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in Question 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.

Degree:  Employer's Name as listed in E-Verify:

Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number:

18. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Question 16 above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.

19. (c)(35) and (c)(36) Eligibility Category  
a. If you entered the eligibility category (c)(35) or (c)(36) in Question 16 above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.

b. Have you EVER been arrested for and/or convicted of any crime?  Yes  No

NOTE: If you answered "Yes" to Item Numbers 19.b., refer to Item Number 5., Item H. or Item I. in the Who May File Form I-765 section of these Instructions for information about providing court dispositions.

**Certification**

I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in Question 16.

Applicant's Signature:

Date of Signature (mm/dd/yyyy):

Telephone Number:

**Signature of Person Preparing Form, If Other Than Applicant**

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Preparer's Signature:

Date of Signature (mm/dd/yyyy):

Printed Name:

Address:

Sign in BLUE INK!