

How to Apply for OPT

1. Before coming to the International Education office, you should:

- ❑ Complete the OPT application form available in the Office of International Education. This information is used by the office to report your intent to USCIS via SEVIS.
- ❑ Bring proof (or have it emailed) you are on track to graduate (see Karen Arthur at Atkinson, Student Services in Law, and undergraduates can provide a copy of the degree audit)
- ❑ Complete **Form I-765**, Application for Employment Authorization, using a code on #27:
 - (c)(3)(A) for **pre-completion OPT** (OPT used before graduation) OR
 - (c)(3)(B) for **post-completion OPT** (OPT used after graduation)

This form can be downloaded at: <http://www.uscis.gov> (click on “Immigration Forms” and then scroll down to the link for I-765).

- **Write “not applicable” or n.a. or n/a in any fields that do not relate to you.**
- Download Adobe Acrobat Reader so you can complete the form and then PRINT it BEFORE coming to the OIE. Handwriting can be confusing, so it’s best to type the form.
- **NOTE: Your Employment Authorization Document (EAD) will be sent to the address you list on the I-765. If you move from this address, your EAD card will not be forwarded. It will be returned to USCIS!!**
 - If you want to use the OIE for the mailing address, write address as: OIE, 900 State Street OIE, Salem, OR 97301
 - If you want to use the OIE for the mailing address, be sure to complete USPS form ps3801, available at <https://about.usps.com/forms/ps3801.pdf> . You just need to fill out the top:
 - Your name
 - For address: 900 State Street OIE, Salem, OR 97301
 - Your signature
 - Your telephone number
 - DO NOT fill in any authorized agent names (the mail center will complete that part of the form)
- ❑ Complete form **G-1145**, E-Notification of Application/Petition Acceptance. You can find this form on the same page as the I-765.
- ❑ Use form G-1450 for credit card payment OR write a check payable to “**Department of Homeland Security**” for the I-765 processing fee, **currently \$410 (check www.uscis.gov to make sure fee hasn’t changed before mailing!)**. You can link to this form from the I-765 page from the “filing fee” section.
- ❑ Obtain two passport style photos (see I-765 instructions for size requirements). **Make sure the pictures are cut to the correct size by the photo place so that they are not rejected by USCIS. If you cut them yourself and they are wrong, you may have to buy more pictures.** Write your name in pencil on the back of your photos. **Don’t use old photos. If they look like photos you’ve already used for your passport or visa, they’ll reject them!**
- ❑ Include a copy of your electronic I-94 (see link in “My Folder”), passport identity/photo page, passport visa page.
- ❑ If you’ve ever had OPT before, submit a copy of your previous OPT approval and EAD cards
- ❑ Original I-20s (all of them you’ve ever had) – ORIGINALS, NOT COPIES

2. Once you've filled out these forms and gotten your items, **bring them** to the OIE, Global Learning Center. OIE staff will enter your information into SEVIS, and then return a new SEVIS OPT I-20 and your USCIS forms back to you.
3. **YOU MUST MAIL YOUR APPLICATION TO USCIS WITHIN 30 DAYS** of the date your OPT request was entered into SEVIS. If you take longer than 30 days to mail things, your fee will not be returned (USCIS keeps your money) but your application will be rejected.
4. **Before mailing to USCIS [90 days or less before your I-20 end date and no later than the end of your 60-day grace period],** you need to:
 - ☐ Double check the processing fee and make sure you're including a check or credit form for the correct amount (it can increase at any time).
 - ☐ Make sure you're submitting your items as soon as possible after the SEVIS request has been processed.
 - ☐ Make sure none of the pieces are missing from your application.
 - ☐ Make sure you've typed your forms so that they are legible to USCIS processing staff!
5. **Send everything to USCIS:** Once you have the endorsed SEVIS I-20 with OPT authorization from the OIE, you are able to submit your application. Clip your check, I-765, I-20 copy (all pages), and copies of passport identity, visa, and I-94 together. Then attach a sealed envelope (containing photos) to the above items on the top left corner making certain the photos are not harmed. **REMEMBER, NEVER MAIL YOUR ORIGINAL I-20 TO USCIS.**

Express or Overnight Mail (UPS or Fedex)

USCIS

Attn: AOS

1820 E. Skyharbor Circle S

Suite 100

Phoenix, AZ 85034

Download form I-765 from the www.uscis.gov website.

We do not give you this form because it is frequently updated and if you use the incorrect version, your application can be rejected. It is best for you to download the form just before you are ready to apply. It is also a good idea to double check BEFORE you mail your form that the version you used is still the version on the website.

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Versión en español Share This Page Print

FORMS

File Online - Create an Account or Sign In

Most Popular Forms

- Apply for Citizenship (Form N-400)
- Apply for a Green Card (Form I-485)
- Petition for Alien Relative (Form I-130)
- Apply for Employment Authorization (Form I-765)
- Affidavit of Support (Form I-864)
- Employment Eligibility Verification (Form I-9)
- Apply for a Travel Document (Form I-131)
- Remove Conditions on a Green Card through Marriage (Form I-751)
- Renew or Replace My Green Card (Form I-90)
- G-1055, Fee Schedule

I-765, Application for Employment Authorization

Certain foreign nationals who are in the United States may file Form I-765, Application for Employment Authorization, to request employment authorization and an Employment Authorization Document (EAD). Other foreign nationals whose immigration status authorizes them to work in the United States without restrictions may also use Form I-765 to apply to U.S. Citizenship and Immigration Services (USCIS) for an EAD that shows such authorization.

- Form I-765 (PDF, 442 KB)
- Instructions for Form I-765 (PDF, 351 KB)
- I-765 Worksheet (PDF, 241 KB)
- Form G-1145, E-Notification of Application/Petition Acceptance (PDF, 238 KB)

Close All Open All

Number of Pages

Form 7; instructions 27.

Edition Date

05/31/18. You can find the edition date at the bottom of the page on the form and instructions.

Where to File

Filing Fee

\$410. You must also pay an \$85 biometric services fee, for a total of \$495, if you are filing with one of the following eligibility categories:

- (c)(33) Requesting consideration of Deferred Action for Childhood Arrivals (DACA);
- (c)(35) A beneficiary of an approved employment-based immigrant petition and you are facing compelling circumstances; or
- (c)(36) A spouse or unmarried dependent child of a beneficiary of an employment-based immigrant petition who is facing compelling circumstances.

There is no biometric services fee for any other eligibility category.

Some individuals may be exempt from paying fees. See the form instructions for more information.

You may pay the fee with a money order, personal check, or cashier's check. When filing at a USCIS Lockbox facility, you may also pay by credit card using Form G-1450, Authorization for Credit Card Transactions. If you pay by check, you must

Department of State (DS) and Other Non-USCIS Forms



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 _____	Fee Stamp	Action Block <i>Sample</i>
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text"/>		
	Remarks		

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 type="text"/>
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► **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. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the 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)
OIE
- 5.b. Street Number and Name 900 State Street OIE
- 5.c. ☐ Apt. ☐ Ste. ☐ Flr.
- 5.d. City or Town Salem
- 5.e. State OR 5.f. ZIP Code 97301
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
- 7.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 7.c. City or Town
- 7.d. State 7.e. ZIP Code

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.

- 13.b. Provide your Social Security number (SSN) (if known).

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14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.)

☐ Yes ☐ No

NOTE: If you answered "No" to Item Number 14., skip to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15.

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.

☐ Yes ☐ No

NOTE: If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father's Name

Provide your father's birth name.

- 16.a. Family Name (Last Name)
- 16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

- 17.a. Family Name (Last Name)
- 17.b. Given Name (First Name)

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
- 18.b. Country

Sample

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

19.b. State/Province of Birth

19.c. Country of Birth

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

Information About Your Last Arrival in the United States

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

▶

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

21.c. Travel Document Number (if any)

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

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

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

23. Place of Your Last Arrival Into the United States

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-

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)).

() () ()

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.

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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.

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

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)
6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Sample

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



7.b. Date of Signature (mm/dd/yyyy)

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)

not applicable

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

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
- 3.g. Postal Code
- 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)

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)

Sample

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 ay need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

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)

Sample

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)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. N00000000000, CPT (Part-time), Date X -
Date Y, Master's Degree (Business/
Management).

N00000000000, CPT (Part-time), Date X -
Date Y, Master's Degree (Business/
Management).

N00000000000, CPT (Full-time), Date X -
Date Y, Master's Degree (Business/
Management).

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. not applicable

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. not applicable

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. not applicable

SEVIS Number, CPT/OPT, start-end dates,
degree level (major)

N00000000000, CPT,
07/07/17-09/07/17, Bachelor's (Psychology)

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

7.d. not applicable

Sample

Sample



Standing Delivery Order

Name and Address of Individual or Firm (include apartment or suite number)	Date Submitted*
Your Name, 900 State Street OIE, Salem, OR 97301	DATE
Signature and title of person authorized to sign this Standing Delivery Order	Telephone Number
Your Signature	Your #

As the above-named individual or firm, I authorize the agent(s) named below to receive all mail addressed to or in care of the above-named individual or firm, including these services; Adult Signature Required, Certified, Insured, C.O.D., Priority Mail Express®, Signature Confirmation™, and unrestricted Registered Mail™. I understand that this Standing Delivery Order will remain in effect until I cancel it in writing. I assume all responsibility for loss, rifling, or damage of the mail after it is delivered to the agent(s) authorized on this form.

*USPS will revoke all orders submitted before this date. NOTE: Authorized Agents are required to provide a valid government- or employee-issued photo identification (ID) verifying their identity before we release the mail.

CUSTOMER INSTRUCTIONS	USPS INSTRUCTIONS
Fill out all non-shaded areas as follows: 1. Add printed name(s) of Authorized Agents. 2. Put a check mark in column that corresponds to the type(s) of Restricted mail (Restricted Delivery, Adult Signature Restricted Delivery) your agent is authorized to pick up. 3. Get agent(s) signature (if available) before you submit this form.	1. At first pick-up; request signature (if missing) and a form of valid government- or employee-issued photo identification (ID). 2. Visually inspect the ID, check the box (if valid), and write in your initials and date. 3. Release the mail to the agent.

AUTHORIZED AGENT(S) — RESTRICTED MAIL (✓) INCLUSION				USPS VERIFICATION		
Agent Name (Printed)	Restricted Delivery Yes (✓)	Adult Signature Restricted Delivery Yes (✓)	Agent Signature (Request signature — if missing)	ID Verified Yes (✓)	USPS Initials	Date