



Suggestions for University of Michigan Students Completing the I-765 Form for Post-Completion OPT

Please review USCIS instructions in detail here <https://www.uscis.gov/i-765>

Download the most recent I-765 Form from <https://www.uscis.gov/i-765>.

Type or write your answers clearly in black ink.

Answer all questions fully and accurately. If a question does not apply to you list "N/A" or "None" as directed.

Top Portion

Leave the top portion blank.

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through		
	Alien Registration Number A-	<i>Leave blank</i>	
	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)

Part 1

Select "Initial permission to accept employment".

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

Question 1: Record your name as shown in your passport.

Questions 2-4: List all other names used including other naming formats, aliases, maiden name and nicknames. If you have never used another name, write “N/A” or “Not Applicable”.

Question 5: Record the address you want OPT documents and the EAD card mailed to. If it is a friend or family member’s address, list their name in 5a. You must be able to receive mail to this address for at least 6 months into the future.

Question 6: Select the correct box based on your situation. Your physical address is where you are living and should be the same address as listed in Wolverine Access.

Question 7: If you answered “No” to Question 6, list your physical address. If you answered “Yes” to Question 6, write “N/A” or “Not Applicable”.

Part 2. Information About You (continued)

OR

Part 2. Information About You (continued)

Your U.S. Mailing Address

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

5.b. Street Number and Name
123 Main St

5.c. Apt. Ste. Flr. 23

5.d. City or Town
Miami

5.e. State FL 5.f. ZIP Code 33131
[\(USPS ZIP Code Lookup\)](#)

6. Is your current mailing address the same as your physical address?
 Yes No

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
N/A

5.b. Street Number and Name
540 Thompson St

5.c. Apt. Ste. Flr. 1

5.d. City or Town
Ann Arbor

5.e. State MI 5.f. ZIP Code 48104
[\(USPS ZIP Code Lookup\)](#)

6. Is your current mailing address the same as your physical address?
 Yes No

U.S. Physical Address

7.a. Street Number and Name
540 Thompson St

7.b. Apt. Ste. Flr. 1

7.c. City or Town
Ann Arbor

7.d. State MI 7.e. ZIP Code 48104

U.S. Physical Address

7.a. Street Number and Name
N/A

7.b. Apt. Ste. Flr. N/A

7.c. City or Town
N/A

7.d. State 7.e. ZIP Code N/A

Question 8: Write “None”.

Question 9: Write “None”.

Questions 10-11: Check the appropriate box.

Question 12: Check the appropriate box. If you check “Yes”, include copies of your previous EAD cards if available.

Question 13a: Check the appropriate box. If you check “Yes” continue to Question 13b. If you check “No” skip to Question 14.

Question 13b: Record your Social Security Number.

Question 14: If you have a Social Security Number check “No” and skip to Question 18.

If you do not have a Social Security Number and

Want one issued- check “Yes” to Question 14, “Yes” to **Question 15**, and provide your family’s information in **Question 16** and **Question 17**.

Do not want one issued- check “No” to Question 14 and skip to Question 18.

Question 18a: List your home country as shown on your passport.

Question 18b: List other countries as applicable. If you do not have multiple citizenships, write “N/A” or “Not Applicable”.

Question 19-20: Record birth your information. Be sure to list your birthday using the format mm/dd/yyyy.

Question 21a: Record your most recent I-94 Admission Record Number.

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

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1	2	3	4	5	6	7	8	9	1	0
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Most Recent I-94

Admission (I-94) Record Number 12345678910

Most Recent Date of Entry: 2018 August 31

Class of Admission : F1

Admit Until Date : D/S

Details provided on the I-94 Information form:

Last/Surname : RONALDO
First (Given) Name : CRISTIANO
Birth Date : 1985 February 5
Passport Number : AB6543210
Country of Issuance : Portugal

Instructions on finding and printing your I-94 are available on the International Center's website:
<https://internationalcenter.umich.edu/i-94>

Question 21b: Record the information directly from your passport.

Question 21c: Most students should write "N/A" or "Not Applicable". If you do not have a valid passport but your country has issued a valid travel document for you instead, please enter the travel document number here. If you do have a valid passport, list the passport number in 21b.

Question 21d: Record the information directly from your passport.

Question 21e: Record the information directly from your passport.

Question 22: Record the date you last entered the US.

Question 23: Record Port of Entry city/code from your most recent travel. This information is available in the travel history of your I-94. For example, if you entered via the Detroit Airport list "DTW".

Question 24: Record "F-1 Student"

Question 25: Record "F-1 Student"

Question 26: Record the information directly from your I-20. The SEVIS ID is listed on the top left corner of your I-20 and starts with "N00..."

Question 27: Those applying for Post-Completion OPT should record “c 3 B”

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)).

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Question 28: Write “N/A” or “Not Applicable”.

Question 29: Write “None”.

Question 30: Leave blank.

Question 31a: Write “None”.

Question 31b: Leave blank.

Part 3

Question 1a: Select “I can read and understand English...”

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.

Questions 3-5: Record your contact information.

Question 7a: Sign in black ink. Keep your signature within the box, do not touch the lines above or below.

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.

Question 7b: Date the form using the format mm/dd/yyyy.

Part 4

Questions 1-7: Write “N/A” or “Not Applicable”.

Part 5

Questions 1-6: Write “N/A” or “Not Applicable”.

Question 7: Leave blank.

Question 8: Write “N/A” or “Not Applicable”.

Part 6

Use this section to provide all previously used SEVIS numbers and evidence of any previously authorized CPT or OPT and the academic level at which it was authorized.

Question 1: Record your name as shown in your passport.

Question 2: Write “None”.

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-

Questions 3-7 as needed. Indicate the corresponding page number, part number and item number as listed on the I-765 for each response. Information related to previous CPT and OPT Authorizations corresponds to Page 3, Part 2, Item 27. Information related to previous SEVIS IDs corresponds to Page 3, Part 2, Item 26.

Part 6 Examples

CPT Authorizations

If you had CPT authorization at any degree level, record that information here. For each CPT approval, define “Full Time” or “Part Time” CPT, the dates of approval, and degree level at the time of authorization. This information is available your CPT I-20 that printed at the time of authorization.

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

3	2	27
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3.d.

CPT Authorizations:
Part time 1/7/2019-4/5/2019, Master's
Full time 5/7/2018-8/31/2018, Master's
Full time 5/4/2015-7/9/2015,
Bachelor's
Part-time 6/3/2013-6/28/2013,
Bachelor's

OPT Authorizations

If you have applied for OPT at any degree level, record that information here. For each OPT specify “Pre-Completion OPT” or “Post-Completion OPT” the dates of approval and degree level. This information is available on your EAD card. Remember to select “Yes” I have previously filed Form I-765 in Part 2, Question 12 and include a copy of your EAD card.

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

3	2	27
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4.d.

Post-Completion OPT Authorization:
6/1/2016-5/31/2017, Bachelor's

Previous SEVIS Numbers

If you have previously used other SEVIS numbers, provide that information here. For each one, record the SEVIS number and degree level.

5.a. Page Number	5.b. Part Number	5.c. Item Number
3	2	26

5.d.

Previous SEVIS ID:
N0012345678, Bachelor's