

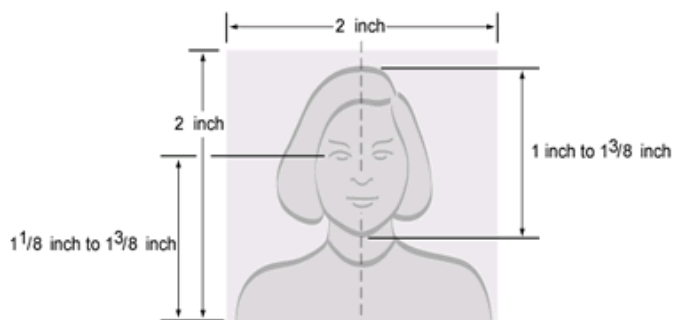
# Optional Practical Training Information and Application

## Application Instructions

- Attend an **OPT Workshop** or come to the **Center for International Students (CIS)** for information and an application packet.
- Prepare your materials and submit them to the CIS.
  - \$510 check or money order made payable to 'Department of Homeland Security.'
  - 2 Passport-style photos with your name and I-94 Number written on the back *in pencil*. Must be different from your passport, visa, and any other work permit photo. We recommend Walgreens. See below for further specifications.
  - Complete I-765 Form **TYPED**, following this link: <https://www.uscis.gov/sites/default/files/document/forms/i-765-aead.pdf>
  - Completed SEVIS Release Form.
  - Copies of all immigration documents.
    - Passport
    - Visa
    - Scan of most recent port of entry stamp in visa
    - Printout of electronic I-94 or scan of front and back of I-94
    - Most current and all previous I-20s and/or DS-2019s
    - All Change of Immigration Status Approval Forms
    - Front and back of all previous work permits
- Check your email regularly for requests and updates from the CIS regarding your application.
- Once you sign your new I-20 and pick up your application from the CIS **mail it immediately**. The signature date from the Designated School Official is only valid for 30 days. If USCIS does not receive it within 30 days of the new I-20 being issued, then your application will be denied with no refund. You would have reapply and pay the fee again.

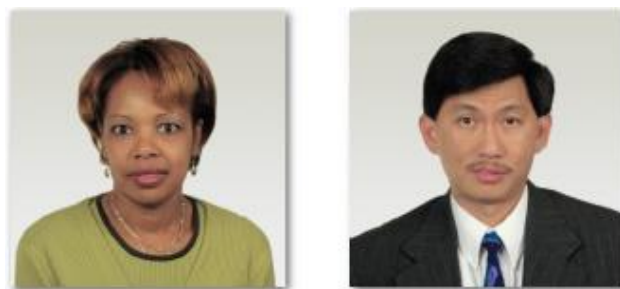
## Photo Instructions

- Subject framed with full face, front view, eyes open
- Photo presents full head from top of hair to bottom of chin; height of head should measure 1 inch to 1-3/8 inches (25 mm to 35 mm)
- Head centered within frame (see example below)
- Eye height is between 1-1/8 inches to 1-3/8 inches (28 mm and 35 mm) from bottom of photo
- Plain white or off-white background
- No distracting shadows on the face or background
- Natural expression



Head Position & Placement

### Well-Composed Photos



USCIS can be very picky about photos, and we want you to have the best chance of being approved, so we are also very picky about photos. Show this to your photographer if you have to, but make sure you get the best photos possible.

# Sample I-765 Form

Follow these guidelines when filling out your application:

\*\*\*If possible, please download I-765 using Adobe Acrobat Reader.



## Application For Employment Authorization

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

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 07/31/2022

**Part 1** Check 'Initial Permission to accept employment'

**Part 2**

**Line 1a. and 1b.**

Family name is followed by all first and middle names as they appear in the machine readable zone on your passport

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

<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>	<input type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input type="text"/>
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▶ **START HERE - Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

### 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



**Line 5**

USCIS will mail your EAD card to this mailing address after your OPT is approved. If you do not know your mailing address for at least 4 months into the future use the CIS address provided.

**Line 5a** M. CRIST

**Line 5b** 100 E Normal Avenue

**Line 5c** Check Ste. and put CIS

**Line 5d** Put Kirksville

**Line 5e** Select MO

**Line 5f** Put 63501

**Line 8** This number is listed on your most recent EAD card. It can be found under the "USCIS#" area. If you do not have an EAD or lost it, then you can leave this blank.

**Line 9** Refer to the USCIS I-765 instructions: Item 9 on page 17. Leave this blank if it does not apply to you.

**Line 10** Required

**Line 11** Required

**Line 12** If you answered "Yes", provide copies of previous EADs with your application, if available. If unavailable, you can explain in Part 6.

**Line 13a**

Answer "Yes" if you have an SSN card. Complete 13b and skip 14-17.

Answer "Yes" if you had an SSN card and would like a replacement card. Answer "Yes" to 14 and 15 and complete 16-17.

Answer "No" if you were never issued an SSN card. Skip 13b and complete 14-17.

**Line 13b** Required if checked 'Yes' on Line 13a.

**Part 2. Information About You (continued)**

**Your U.S. Mailing Address** (USPS ZIP Code Lookup)

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

5.b. Street Number and Name

5.c.  Apt.  Ste.  Flr.

5.d. City or Town

5.e. State  5.f. ZIP Code

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).  
 ▶

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



**Line 14** If checked 'No' on line 13a, you may request a social security number in addition to your OPT card. If this is of interest to you, check 'Yes'.

**Line 15** Required if checked 'Yes' on Line 14.

**Line 16** Required if checked 'Yes' on Line 14.

**Line 17** Required if checked 'Yes' on Line 14.

**Line 18** List country (s) of citizenship.

**Line 19** Required

**Line 20** Required

**Line 21a** Retrieve your I-94 Number at [cbp.gov/I94](http://cbp.gov/I94)

**Line 21b** Required

**Line 21d** Required

**Line 21e** Required

**Line 22** Enter the last date you entered the U.S. For most of you, this should be the date stamped in your passport and should match your I-94 entry date.

**Line 23** Required. (City AND State)

**Line 24** F 1 student

**Line 25** F 1 student

**Line 26** SEVIS number found on Form I-20.

**Line 27** (c)(3)(B)

**Line 28-31** Leave Blank (This is only for STEM extensions)

**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

Paris

19.b. State/Province of Birth

Ile-de-France

19.c. Country of Birth

France

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

1/20/1999

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

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

0 0 0 1 2 3 4 5 6 7 8

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

60RF19342

21.c. Travel Document Number (if any)

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

France

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

01/20/2024

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

08/20/2018

23. Place of Your Last Arrival Into the United States

Chicago, Illinois

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-0012345678

**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., provide the information requested in Item Numbers 30.a. - 30.g.

30.a. Have you **EVER** been arrested for, and/or charged with, and/or convicted of any crime in any country?

Yes  No

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

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you **MUST** provide evidence of your lawful entry.)

Yes  No

30.c. If you answered "No" to Item Number 30.b., did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry **AND** express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country?

Yes  No



**Part 3**

**Line 1a** Check '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.'

**Line 3 and 4** Provide a U.S. phone number if available

**Line 5** Provide student email address

**Line 7** Sign and date the form with a pen!

**Page 6-7** Should be included in application, but do not need to be completed if they do not apply to you.

**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.

**Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)**

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.

# Sample SEVIS Release Form

Follow these guidelines when filling out your SEVIS Release Form:

Check box for the visa status you currently are

Check box for 'Optional Practical Training (F-1 visa only)'

First line is the start and end dates

- Start date must be within 60 days after graduation
- End date is a year minus a day from the start date

Fill in date of graduation and major

Complete the bottom section on Work Permit

## Release of Work Permit information to SEVIS Database

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I authorize the Center for International Students to submit the necessary information to the SEVIS database in order to complete my work permit application. I am aware that once the information has been added to the SEVIS database, it cannot be deleted or changed. All information on this form must be completed for the database to be updated. Upon completing the submission of information for a work permit of any type to the SEVIS database, a new I-20 (for F-1 visa) or DS-2019 (for J-1 visa) will be generated. I will return to the ISAO in three days to sign this new form and finalize my work permit application.

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I have the following visa status (choose one)

F-1  
 J-1  
 Other \_\_\_\_\_

I am applying for one of the following (choose one)

Economic need based off campus work permit (F-1 visa only) Starting Date \_\_\_\_\_ \*

Optional Practical Training (F-1 visa only) From 02/03/20 to 02/02/21 \*  
Date of Graduation 12/14/2019  
Major Business Administration  
Please circle one: Part time   Full Time

Curricular Practical Training (F-1 visa only)  
Name of employer (company) \_\_\_\_\_  
Address of employer \_\_\_\_\_  
Name of supervisor \_\_\_\_\_  
Phone number of supervisor \_\_\_\_\_  
Dates of employment From \_\_\_\_\_ To \_\_\_\_\_  
Please circle one: Part time  Full Time   
• Attach job offer letter  
• Attach advisor recommendation  
• Attach proof of enrollment in internship course

Academic Training (J-1 visa only)  
Name of Employer (company) \_\_\_\_\_  
Address of employer \_\_\_\_\_  
Name of supervisor \_\_\_\_\_  
Phone number of supervisor \_\_\_\_\_  
Dates of employment From \_\_\_\_\_ To \_\_\_\_\_  
Please circle one: Part time  Full Time   
• Attach job offer letter

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Student name (please print) John Smith SEVIS Number N0012345678  
Mailing address 100 E. McPherson St. Apt. A, Kirksville, MO 63501  
Cell Phone (314) 123-4678 Non-Truman Email johnsmith2019@gmail.com  
Student ID 000123456 Truman Email jus6841@truman.edu  
Date of Birth 01/23/1998 Signature John Smith Date 09/15/2019

<p>Office Use Only: Student Account &amp; Loan Cleared _____ Applied for graduation? _____ Attended Workshop? _____</p>	<p>Office Use Only: SEVIS DB Updated _____ Date &amp; Initials _____</p>
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# Release of Work Permit information to SEVIS Database

I authorize the Center for International Students to submit the necessary information to the SEVIS database in order to complete my work permit application. I am aware that once the information has been added to the SEVIS database, it cannot be deleted or changed. All information on this form must be completed for the database to be updated. Upon completing the submission of information for a work permit of any type to the SEVIS database, a new I-20 (for F-1 visa) or DS-2019 (for J-1 visa) will be generated. I will return to the ISAO in three days to sign this new form and finalize my work permit application.

## I have the following visa status (choose one)

- F-1**  
 **J-1**  
 **Other** \_\_\_\_\_

## I am applying for one of the following (choose one)

**Economic need based off campus work permit (F-1 visa only)** Starting Date \_\_\_\_\_ \*

**Optional Practical Training (F-1 visa only)** From \_\_\_\_\_ to \_\_\_\_\_ \*

Date of Graduation \_\_\_\_\_

Major \_\_\_\_\_

Please circle one: Part time Full Time

**Curricular Practical Training (F-1 visa only)**

Name of employer (company) \_\_\_\_\_

Address of employer \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Phone number of supervisor \_\_\_\_\_

Dates of employment From \_\_\_\_\_ To \_\_\_\_\_

Please circle one: Part time Full Time

- Attach job offer letter
- Attach advisor recommendation
- Attach proof of enrollment in internship course

**Academic Training (J-1 visa only)**

Name of Employer (company) \_\_\_\_\_

Address of employer \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Phone number of supervisor \_\_\_\_\_

Dates of employment From \_\_\_\_\_ To \_\_\_\_\_

Please circle one: Part time Full Time

- Attach job offer letter

\* **Processing of Application can take up to 120 days**

**Student name (please print)** \_\_\_\_\_ **SEVIS Number** \_\_\_\_\_

**Mailing address** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Non-Truman Email** \_\_\_\_\_

**Student ID** \_\_\_\_\_ **Truman Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use Only:  
Student Account & Loan Cleared \_\_\_\_\_  
Applied for graduation? \_\_\_\_\_  
Attended Workshop? \_\_\_\_\_

Office Use Only:  
SEVIS DB Updated \_\_\_\_\_  
Date & Initials



## e-Notification of Application/Petition Acceptance

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

USCIS  
Form G-1145

### What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

### General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

### USCIS Privacy Act Statement

**AUTHORITIES:** The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

**PURPOSE:** The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

**ROUTINE USES:** The information provide on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [[DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File \(A-File\) and Central Index System \(CIS\)](#)], which can be found at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
Email Address		Mobile Phone Number (Text Message)