Center for International Students
Truman State University

Optional Practical Training

Application Instructions

Follow the instructions below to apply for OPT by mail.

1. **Attend an OPT workshop** hosted by the Center for International Students (CIS). To find the next workshop, email iso01@truman.edu. Attending an OPT workshop is necessary to apply for OPT.
2. **Prepare** your application materials, **upload** all documents to Google Drive, and **share** it with iso01@truman.edu. Application documents are:
    - □ $410 check or money order made payable to 'Department of Homeland Security.'
    - □ Two passport-style photos with your name and I-94 Number written on the back ***in pencil***.
    - □ Completed I-765 Form ***TYPED***. Access the form here.
    - □ Completed SEVIS Release Form. Access the form here.
    - □ Copies of **all** immigration documents.
        - Passport
        - Visa
        - Most recent port of entry stamp
        - I-94: Printout of electronic I-94 OR a scan of front and back of I-94
        - All previous I-20s or DS-2019s
        - All Change of Immigration Status approval forms, if applicable
        - Front and back of all previous work permits
    - □ Completed Form G-1145 (E-notification form). Access the form here. This form is suggested but not required.
3. Once the CIS has approved your application, we will notify you to **pick up your new I-20** that includes the recommendation for OPT.
4. Once you sign your new I-20, **make a copy** and **mail it and all application documents immediately.** The signature from the Designated School Official is only valid for 30 days. If USCIS does not receive your application within 30 days of the new I-20 being issued, your application will be denied with no refund. You will have to reapply and pay the fee again.

Google Drive Instructions:

In Google Drive, save your documents in this order with the following format:

1. SEVIS Release, Last Name (Banner ID)
2. I-765, Last Name (Banner ID)
3. Passport, Visa, Entry Stamp, Last Name (Banner ID)
4. I-94, Last Name (Banner ID)
5. I-20s, Last Name (Banner ID)
6. Passport-style Photos, Last Name (Banner ID)
7. Fee, Last Name (Banner ID)
8. Other, Last Name (Banner ID)

Please save all files as PDFs. Only passport photos may use a different format (e.g. JPG, JPEG, etc.).

See below for an example:

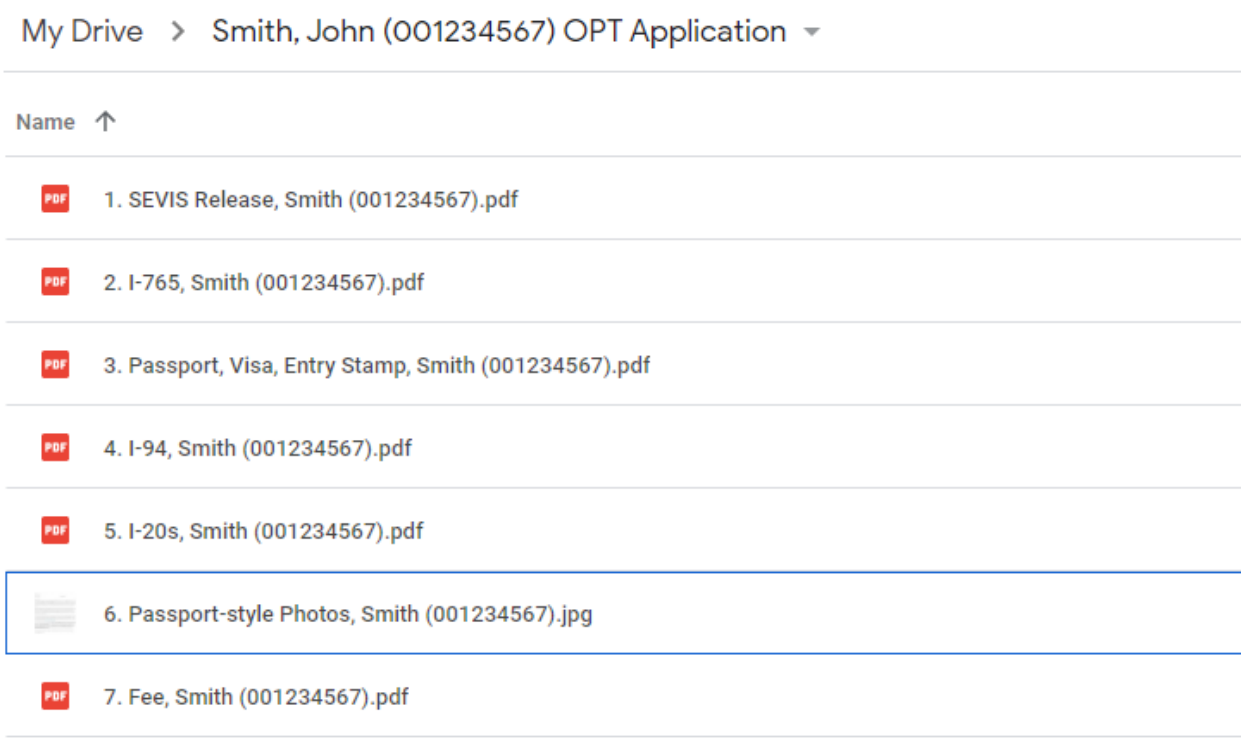
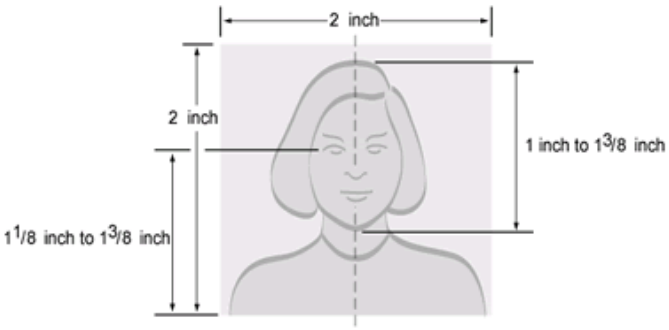


Photo Instructions

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. This photo must be different from your passport, visa, and any other work permit photo. We recommend Walgreens.



Head Position & Placement

Well-Composed Photos

- ☐ 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 above)
- ☐ 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

For more information, please see the Department of State's guidelines for passport-style photos. The Department of State also provides a tool to verify whether your photos are compliant.

Sample I-765 Form

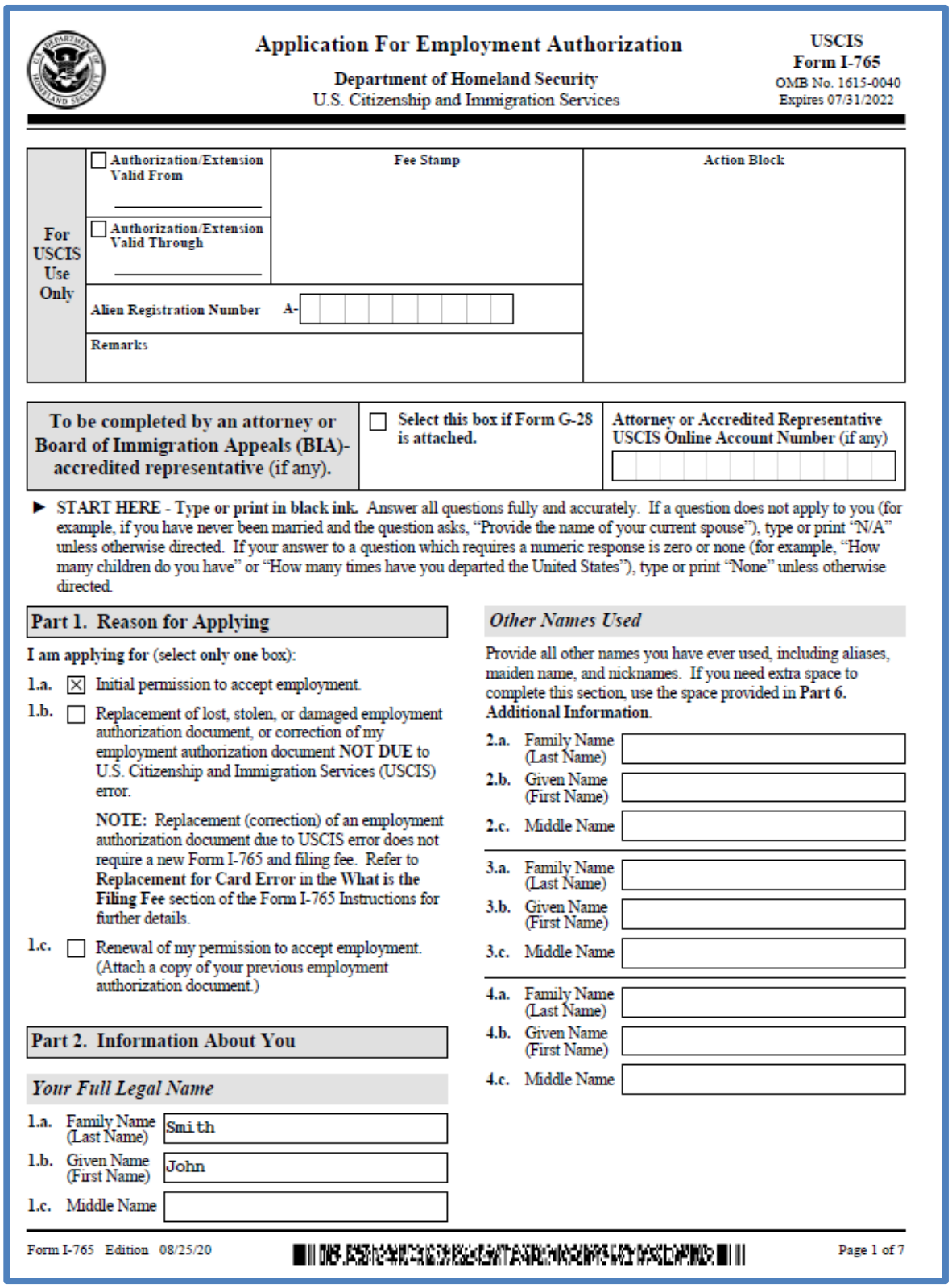
Follow these guidelines when filling out your application:

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

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



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

For USCIS Use Only

☐ Authorization/Extension Valid From _____

☐ Authorization/Extension Valid Through _____

Fee Stamp

Action Block

Alien Registration Number A-

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. 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) Smith

1.b. Given Name (First Name) John

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

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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 write **CIS**

Line 5d Write **Kirksville**

Line 5e Select **MO**

Line 5f Write **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

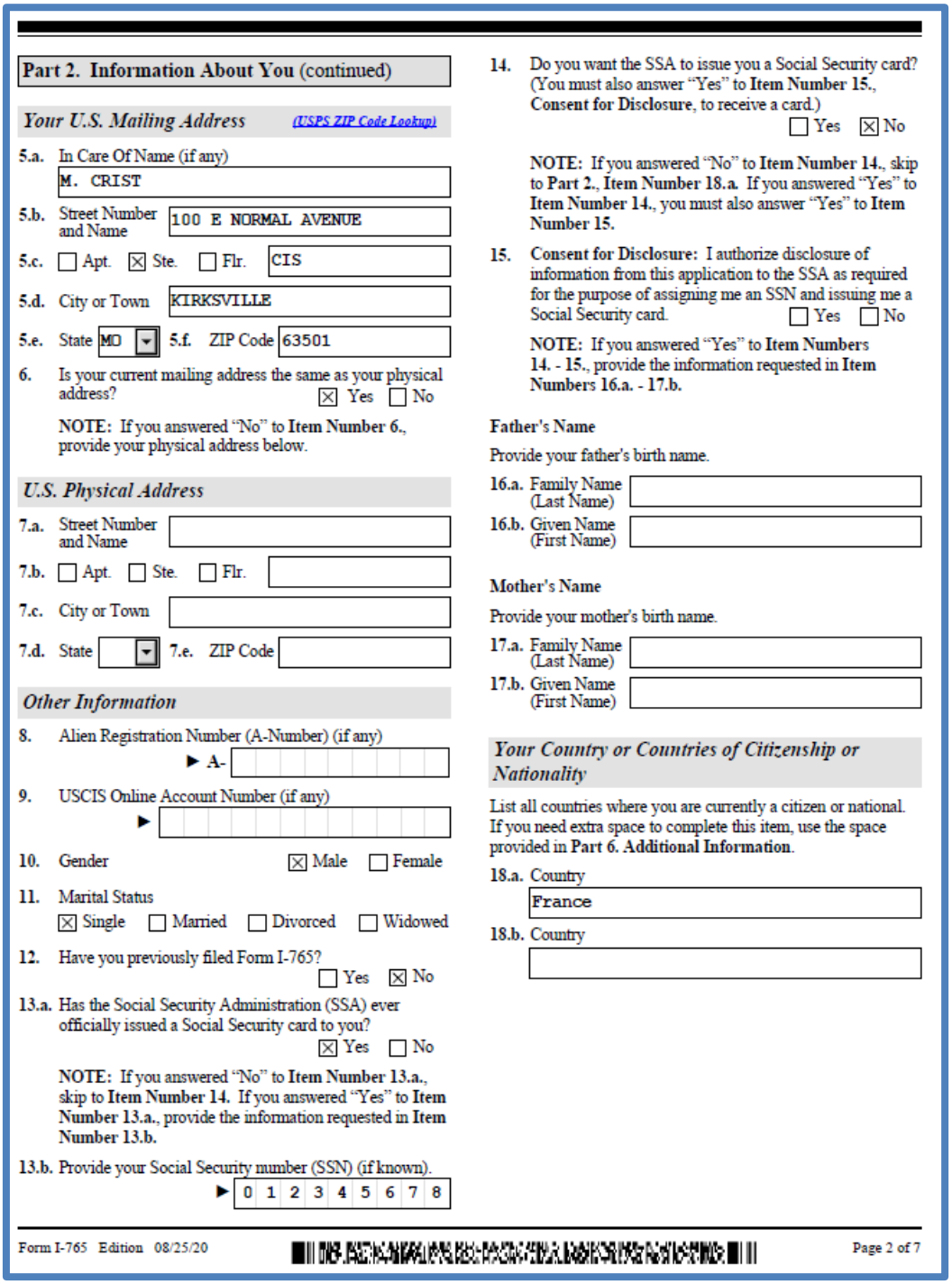
Line 11 Required

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.



Part 2. Information About You (continued)

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

5.a. In Care Of Name (if any): M. CRIST

5.b. Street Number and Name: 100 E NORMAL AVENUE

5.c. ☐ Apt. ☒ Ste. ☐ Flr. CIS

5.d. City or Town: KIRKSVILLE

5.e. State: MO 5.f. ZIP Code: 63501

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). ▶ 0 1 2 3 4 5 6 7 8

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: France

18.b. Country

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

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 15-17 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](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)

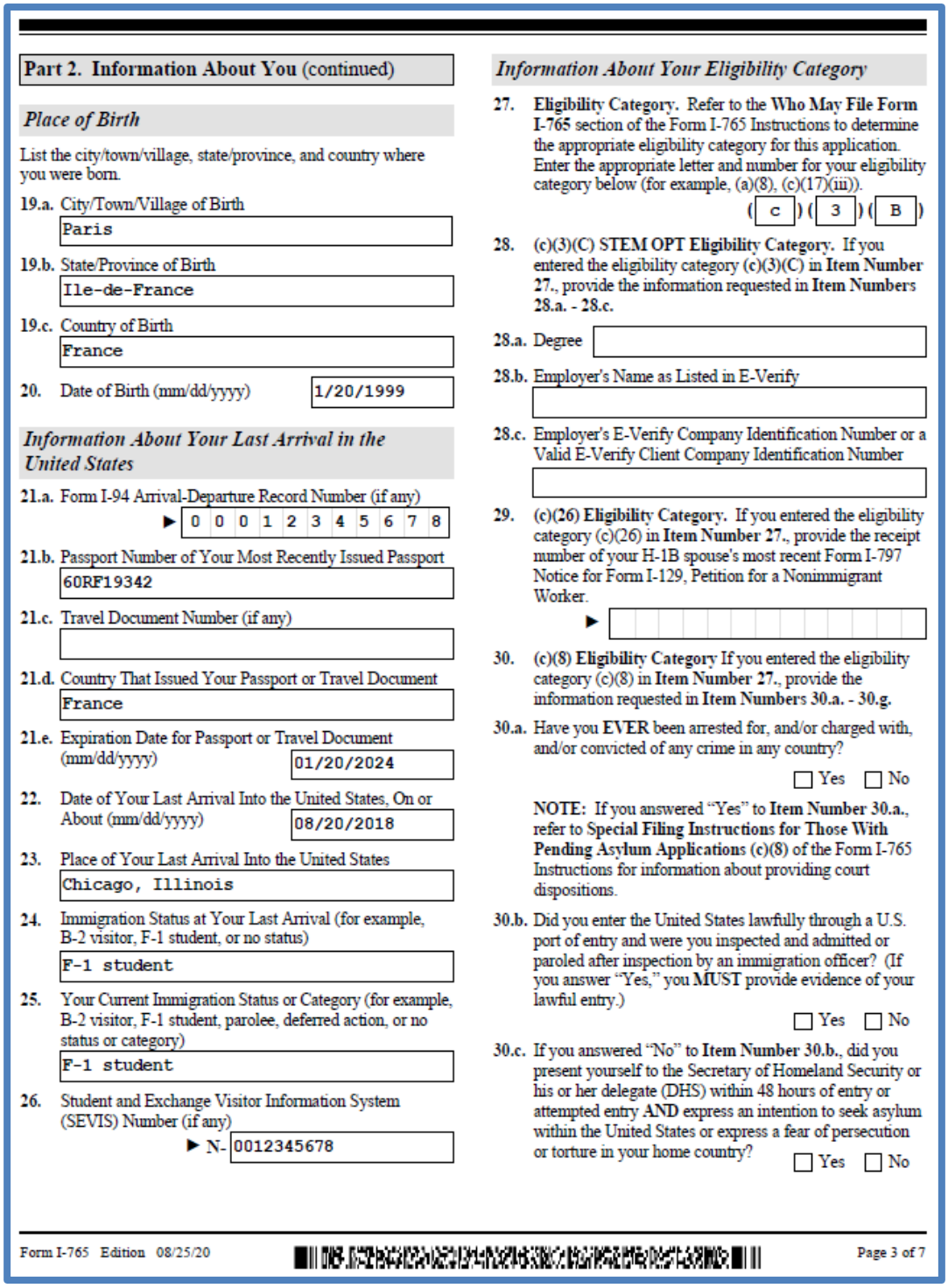
Line 24 F 1 student

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

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Part 3

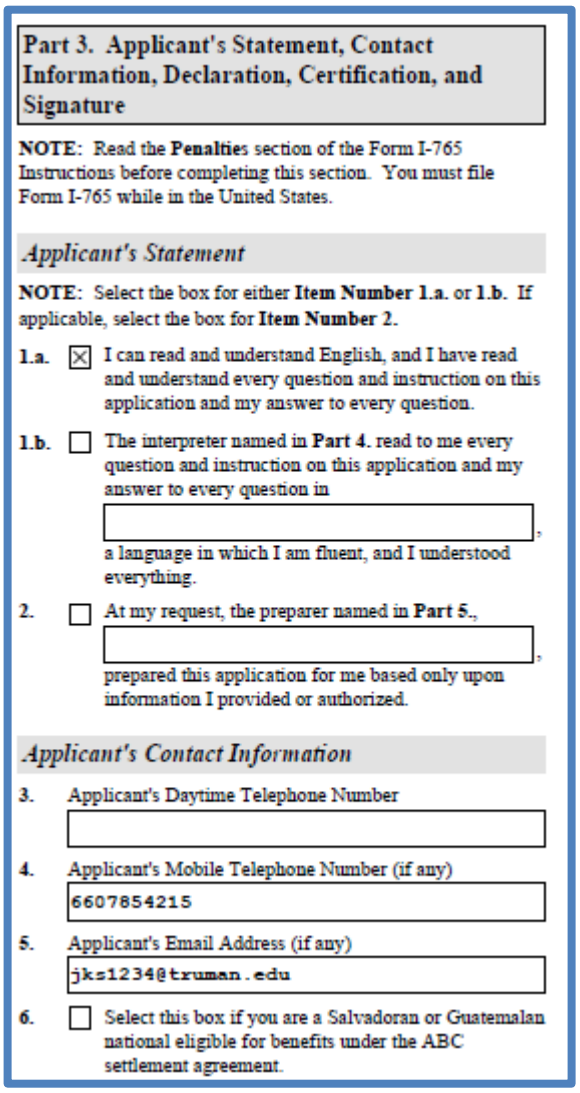
Line 1a Check 'I can read and understand English and I have read and understand every question and instruction on this application and my answer to every question.'

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.

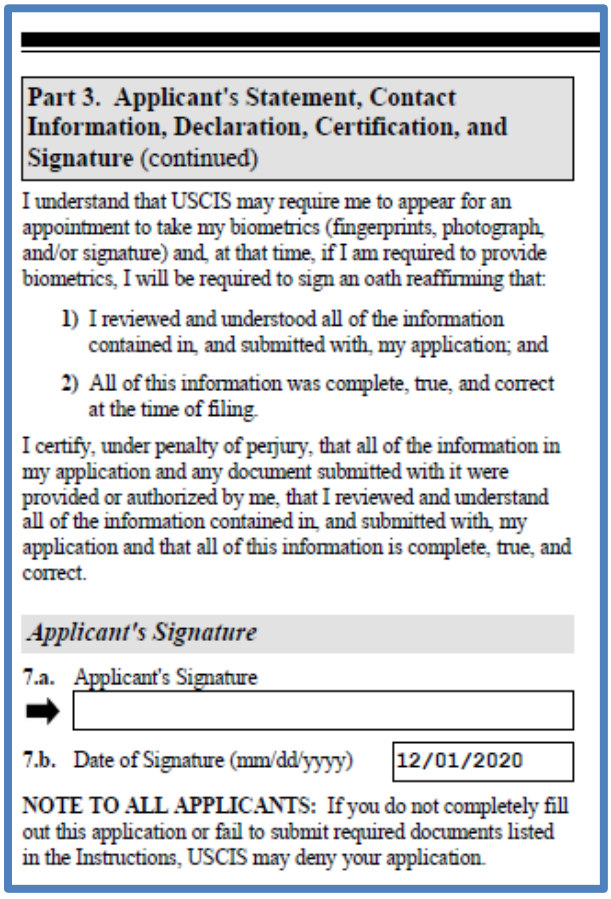
Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)
6607854215

5. Applicant's Email Address (if any)
jks1234@truman.edu

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 ➡ _____

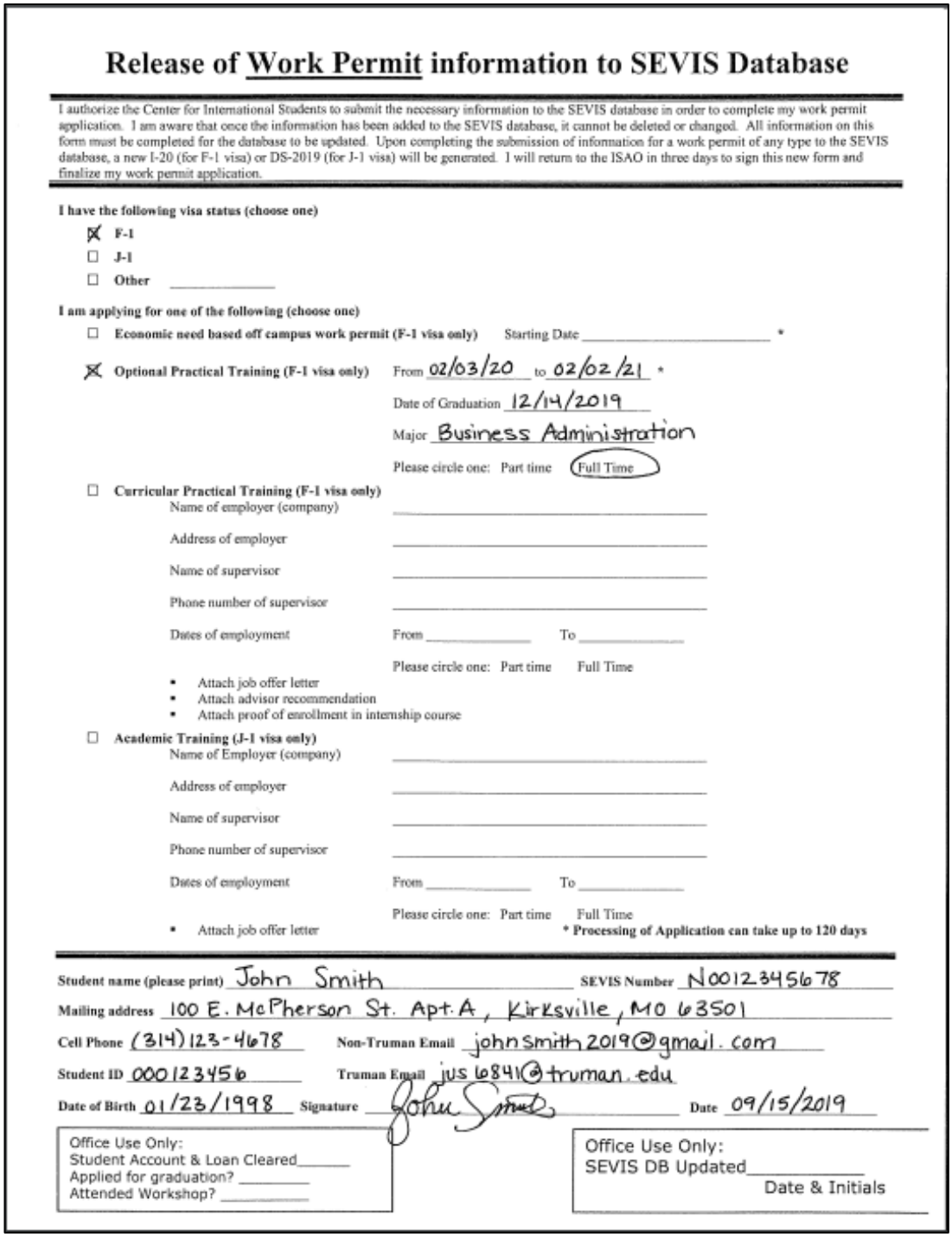
7.b. Date of Signature (mm/dd/yyyy) 12/01/2020

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 current visa status.
- Check box for 'Optional Practical Training (F-1 visa only)'
- The 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 graduation date and major.
- Complete the bottom section on work permit



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 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

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

Student name (please print) John Smith **SEVIS Number** N00123456 78
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

Office Use Only:
Student Account & Loan Cleared_____
Applied for graduation? _____
Attended Workshop? _____

Office Use Only:
SEVIS DB Updated_____
Date & Initials