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 Where to File 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**

<table>
<thead>
<tr>
<th>Your Full Legal Name</th>
<th>Other Names Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.a. Family Name (Last Name)</td>
<td>1.a. Family Name (Last Name)</td>
</tr>
<tr>
<td>1.b. Given Name (First Name)</td>
<td>2.a. Given Name (First Name)</td>
</tr>
<tr>
<td>1.c. Middle Name</td>
<td>2.c. Middle Name</td>
</tr>
<tr>
<td></td>
<td>3.a. Family Name (Last Name)</td>
</tr>
<tr>
<td></td>
<td>3.b. Given Name (First Name)</td>
</tr>
<tr>
<td></td>
<td>3.c. Middle Name</td>
</tr>
<tr>
<td></td>
<td>4.a. Family Name (Last Name)</td>
</tr>
<tr>
<td></td>
<td>4.b. Given Name (First Name)</td>
</tr>
<tr>
<td></td>
<td>4.c. Middle Name</td>
</tr>
</tbody>
</table>

**For More Information**

International Student and Scholar Services
Office of International Affairs
3rd Floor, Oregon Hall
Tel (541) 346-3206
Email intl@uoregon.edu
Web http://isss.uoregon.edu
Application For Employment Authorization

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) N/A
2.b. Given Name (First Name) N/A
2.c. Middle Name N/A

3.a. Family Name (Last Name) N/A
3.b. Given Name (First Name) N/A
3.c. Middle Name N/A

4.a. Family Name (Last Name) N/A
4.b. Given Name (First Name) N/A
4.c. Middle Name N/A

Check Box 1a only.

#1a - 1c: Enter your full name (this should be your passport name).

#2a - 4c: Enter any other legal names used, such as a maiden name or nickname. If you do not have other names, write “N/A” in each box.
### Part 2. Information About You (continued)

#### Your U.S. Mailing Address

<table>
<thead>
<tr>
<th>5.a. In Care Of Name (if any)</th>
<th>Jane Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.b. Street Number and Name</td>
<td>123 Downtown Lane</td>
</tr>
<tr>
<td>5.c. City or Town</td>
<td>Eugene</td>
</tr>
<tr>
<td>5.d. State</td>
<td>OR</td>
</tr>
<tr>
<td>5.e. ZIP Code</td>
<td>97405</td>
</tr>
</tbody>
</table>

**Note:** If you answered “No” to Item Number 6., provide your physical address below.

| 6. Is your current mailing address the same as your physical address? | 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 | 2250 Patterson Street |
| 7.c. City or Town           | Eugene   |
| 7.d. State                  | OR       |
| 7.e. ZIP Code               | 97401    |

#### Other Information

| 8. Alien Registration Number (A-Number) (if any) | NONE |
| 9. USCIS Online Account Number (if any)         | NONE |

**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.

| 10. Gender | Male     | Female |
| 11. Marital Status | Single | Married | Divorced | Widowed |
| 12. Have you previously filed Form I-765? | Yes | No |

**Note:** If you answered “No” to Item Number 12., you must also answer “Yes” to Item Number 15.

| 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? | Yes | No |
| 13.b. Provide your Social Security number (SSN) (if known). |

**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.

| 14. Do you want the SSA to issue you a Social Security card? |
| 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. |

**Note:** If you answered “Yes” to Item Numbers 14., you must also answer “Yes” to Item Number 15.

| 16.a. Family Name (Last Name) | Student |
| 16.b. Given Name (First Name) | Father  |
| 17.a. Family Name (Last Name) | Student |
| 17.b. Given Name (First Name) | Mother  |

#### Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national.

| 18.a. Country | United Kingdom |
| 18.b. Country | N/A |

**Note:** If you are using the mailing address of a friend or relative, enter their name. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

| 5a: If you are using the mailing address of a friend or relative, enter their name. |
| 5b: Enter the mailing address you want to use. Note: ALL USCIS mail will go to this address. |
| 6: If your physical address is the same as your mailing address, answer “Yes”; otherwise, answer “No” and provide your mailing address in items #7a - 7e. |
| 7a - 7e: Fill in your physical address ONLY if your answer to #6 was “No”. |
| 8 & 9: Your answers are most likely “NONE”. |
| 10 & 11: Indicate your gender and marital status. |
| 12: Indicate “Yes” ONLY if you have ever applied for an Employment Authorization (EAD) Card in the past; otherwise, answer “No”.

| 13a: Answer “Yes” if you have a Social Security Number, and provide your SSN in #13b; otherwise, answer “No” and go to Item #14. |
| 14: If you do not have a Social Security Number (SSN) and want to apply for one, answer “Yes” to items #14 and #15 and complete items #16a-16b and #17a-17b. If you do NOT need or want to apply for a SSN, answer “No” to Item #14 and skip to Item #18a. |

| 16a-b; 17a-b: Provide your parents’ names ONLY if you answered “YES” to #14 and #15; otherwise leave blank. |
| 18a-18b: Enter your country of citizenship or nationality in #18a. If you have more than one country of citizenship or nationality, enter it in #18b; otherwise, write “N/A”. |
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
London
19.b. State/Province of Birth
London
19.c. Country of Birth
United Kingdom
20. Date of Birth (mm/dd/yyyy) 01/01/1990

Information About Your Last Arrival in the United States
21.a. Form I-94 Arrival-Departure Record Number (if any) 12345678901
21.b. Passport Number of Your Most Recently Issued Passport EKG123456
21.c. Travel Document Number (if any) N/A
21.d. Country That Issued Your Passport or Travel Document United Kingdom
21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 12/31/2027
22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 09/15/2017
23. Place of Your Last Arrival Into the United States Los Angeles

Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
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-0011223344

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)(b), (c)(d)(ii)).

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.e.
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
28.d. Employer’s Name as Listed in E-Verify
28.e. Notice for Form I-129, Petition for a Nonimmigrant Worker.

29. (c)(29) Eligibility Category. If you entered the eligibility category (c)(29) 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, 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.

31a. (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-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-140.

31b. 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 31b, 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.

#27: Enter (c)(3)(b) if you are applying for the 12-month Post-Completion Optional Practical Training benefit.

STEM OPT Extension applicants ONLY: If you are applying for the 24-month STEM extension of OPT, enter (c)(3)(c) in Item #27 AND answer items #28a - 28c. For #28a, enter your degree and major, e.g. “PhD, Chemistry”.

#21a: Enter your I-94 number (you can print out your I-94 record from https://i94.cbp.dhs.gov).

#21b-e: Enter your passport information; for #21c, your answer will likely be “N/A”.

#22 - 23: Date of last arrival into US and place of last arrival into US.

#24 - 25: Enter the status you had when you last came to the US and your current status (‘F-1 Student’).

#26: Enter your SEVIS ID number, which you can find at the top of your I-20; only type in the numbers.
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
   541-999-9999

4. Applicant's Mobile Telephone Number (if any)
   541-999-9999

5. Applicant's Email Address (if any)
   myemail@uoregon.edu

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

**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
   SIGN YOUR NAME IN INK

7.b. Date of Signature (mm/dd/yyyy) 10/01/2018

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)

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.e. City or Town
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

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.e. City or Town
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)

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 agent you 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)
## 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)
Student

### 1.b. Given Name (First Name)
John

### 1.e. Middle Name

### 2. A-Number (if any) ➤ A: NONE

### 3.a. Page Number

### 3.b. Part Number

### 3.c. Item Number

### 3.d. A-Number previously used:

Examples:

- Previous SEVIS ID, N00xxxxxxx, F-1 student, ESL program at [name of school or program], 1/1/2013 - 12/31/2013
- Previous SEVIS ID, N00xxxxxxx, J-1 exchange student, University of Oregon, 9/25/2015 - 3/31/2016

### 4.a. Page Number

### 4.b. Part Number

### 4.c. Item Number

### 4.d. Were you ever authorized for CPT or OPT in the past?
This could include CPT or OPT authorized through the University of Oregon or a previous school. Search your records for previous CPT or OPT authorizations.

### 5.a. Page Number

### 5.b. Part Number

### 5.c. Item Number

### 5.d.

### 6.a. Page Number

### 6.b. Part Number

### 6.c. Item Number

### 6.d.

### 7.a. Page Number

### 7.b. Part Number

### 7.c. Item Number

### 7.d.

Instructions for Part 6, #3 - #7

Write “N/A” in items 3d, 4d, 5d, 6d, and 7d if you have no extra information to provide.

(1) IF YOU USED OTHER SEVIS ID NUMBERS BEFORE YOUR SEVIS ID
Use the first open section, e.g., #3, or #4 if #3 is already used

3a - Write “3” for page number
3b - Write “2” for part number
3c - Write “26” for item number
3d - Write all SEVIS ID numbers previously used:

Examples:

- Previous SEVIS ID, N00xxxxxxx, F-1 student, ESL program at [name of school or program], 1/1/2013 - 12/31/2013
- Previous SEVIS ID, N00xxxxxxx, J-1 exchange student, University of Oregon, 9/25/2015 - 3/31/2016

(2) IF YOU WERE PREVIOUSLY AUTHORIZED FOR CPT OR OPT
Use the first open section, e.g., #3, or #4 if #3 is already used, etc.

3a - Write “3” for page number
3b - Write “2” for part number
3c - Write “27” for item number
3d - Write any CPT and/or OPT for which you were previously authorized, with the degree level and dates indicated

Examples:

- CPT authorized, 6/1/2015 - 8/31/2015, BA degree in Business, [university or college name], SEVIS ID N00xxxxxxx
- Post-completion OPT authorized, 9/1/2016 - 8/31/2017, MA degree in Chemistry, [university or college name], SEVIS ID N00xxxxxxx

Attach copies of any Employment Authorization (EAD) cards you may have received in the past.