## Salve Regina University

Optional Practical Training: Application Guide for OPT





- Application Process
- Timeline for Applying
- Selecting Employment Dates
- OPT Checklist
- Completing Forms
- Obtaining OPT Recommendation I-20



## The Application Process

## <u>Step 1: OPT</u> <u>Recommendation</u>

- Bring all application materials to Salve OIP
- Obtain new I-20 with OPT recommendation from Salve OIP

## Step 2: Application to USCIS

- Mail paper application packet to USCIS
- USCIS must receive OPT application within 30 days of the date your I-20 is issued



## Timeline for Applying



- ▶ USCIS can take up to 90 days to approve OPT
- Pre-completion OPT: Eligible to apply 90 days before your proposed start date
- Post-completion OPT: Eligible to apply 90 days before your program completion date until 60 days after your end date
- ► Not possible to expedite USCIS OPT processing



## What do I need to apply?

- Salve OPT Recommendation Form
- Completed Form G-1145
   <u>http://www.uscis.gov/files/form/g-1145.pdf.</u>
- Completed, signed Form I-765
- Photocopies of ALL previously issued I-20s (including from other schools)
- Printout of electronic I-94 record https://i94.cbp.dhs.gov/I94/)
- Photocopy of passport biographical page(s)
- Photocopy of F-1 visa stamp and all previous U.S. visas (except Canadian citizens)

- Check or money order for \$410 (payable to U.S. Department of Homeland Security)
- Two color U.S. passport-sized photos (with name and I-94 written in pencil on the back) taken within the last 30 days
- Photocopy of previous EAD cards or change of status approvals (if applicable)

## Salve Regina OPT Academic Recommendation Form



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	SECTION B. VERIFICATION TO BE COMPLETED BY REC	GISTRAR OFFICE	2 C 3
	Level of Study:	Major:	E U
			11.84%

## Choosing Dates for Post-Completion OPT

#### Start date of employment must be within 60 days of program

Program End Date	Earliest Possible Start Date	Latest Possible Start Date
May 31	June 1	July 30





## Considerations When Selecting a Start Date

- Early Start Date vs. Late Start Date
  - Time of application submission
  - Processing times
  - You cannot start work until you receive your EAD card!

□ After completion or studies

Start date: End date:

- 90 days of unemployment rule
  - You may not accrue more than 90 days of unemployment during the 12 months of OPT.
  - If more than 90 days, OPT and F status is automatically terminated.

You cannot change your dates once you have submitted your application!



## Form G-1145

- E-notification of Application/Petition Acceptance
- Allows you to receive email/text message notification with receipt number for case <u>http://www.uscis.gov/files/form/g-1145.pdf</u>

## WARNING!

USCIS will <u>rarely</u> contact you by phone regarding the status of your OPT application.

If you receive a phone call from a person claiming to work for USCIS or any other government agency, do not provide your personal information to them. Note the person's name, phone number, and email address, and contact the OIP before responding.



e-Notification of Application/Petition Acceptance Department of Honeland Security

Department of HomeLand Security Cost 5 U.S. Citizenship and Immigration Services OrdE Nic. 361345 OrdE Nic. 3613450 Faurice 09/02/015

USCIS

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Otherwise and hemigration Services accepts your immigration application. This service is evaluable for applications field at a USCIS Lackbes facility.

**General Information** 

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

We will send the e-Not frontion within 14 hours after we accept your application. Domestic costorners will receive an estual and/or text message, overseas customers will only receive an ownal. Underlyrable e-Nitt frontions cannot be resent.

The second or text message will display your receipt number and tell you have to get updated case emans information. It will not include any percent information. The or-Netification does not grant any type of states or breath, rather it is provided as a conventionce to classroom.

USCIS will also need you a receipt notice (h/297C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or potition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the financigation and Nationality Act, as amended INA section 100, of 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.

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

ROUTINE UNES: The information provide on this form well be used by and disclosed to DHS personnel and contractors in accordance with approved retries uses, as described in the associated published system of records indices [DHS-ESCI-007]. Benefits information Systems and DHSE-SUISDED. After File (Article) and Contral Indice Systems (ES), shak can be found an symp discontractionary. The information may also be made available, as appropriate for law enforcement purposes or in the intervet of information entry.

#### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not negated to negoted to a collection of information anisot indicates a currently valid OMB control number. The public reporting foreign for this collection of information is entimated at a microscope mesone, including the inten for revisoring increasions and completing and alterniting the form. Send comments regarding this bucket entimets or any other impect of this collection of information, including suggestions for exchange, buck does the sender the sender of the sender of the collection of information, including suggestions for exchange, the bucket, the U.S. Chicenship and Interligation Services, Regulatory Coordination Division, Office of Policy and Senderge, 20 Manuschnith Assence, NW, Washington, DC 20023-2140, OMB No. 1615-0107. In our mult your completed Form (1-1145 to this address.

Complete this fu	res and clip it on top of the first p	egy of you	r immigration form(s).
Applicant/Petitioner Full Last Name	Applicant/Petrisener Full Fresh	Applicant/Petrismer Full First Name Applicant/Petrismer	
F-mill Address	1	Mobile Pl	here Namber (Text Message)
Form G-1148: 09/19/14: Y			Page 1



## Form I-765

- Download the I-765 form from the <u>USCIS</u> <u>web site.</u> Important: Use the most current version. It is best to download it just before mailing the application since USCIS updates it frequently.
- How to fill out Form I-765
- Type or print legibly in in black ink.
- Answer all questions fully and accurately.
- If a question does not apply to you, type or print "N/A"
- Print and complete <u>ALL pages 1-7</u>. If any pages are missing, your application will be rejected!

8	Application For Emp Department of I U.S. Citizenship and	loyment Auth lomeland Securit; I Immigration Serv	Internation USCIS Form 1-765 Y OMBI No. 1615-0 Fores Explose 05/31/20	
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Far ISCIS	An thorization Transion Valid Through			
Use Only	Alien Registration Number A			
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To b Board acci	e completed by an attorney or Select th of Immigration Appeals (BIA)- redited representative (if any).	is box if Form G-28 ed.	Attorney or Accredited Representative USCIS Online Account Number (if any	
- STA	RT HERE - Type or print in black ink.			
art 1.	. Reason for Applying	Other Names	s Used	
am app	olying for (select only one box):	Provide all other	r names you have ever used, including aliase	
	Initial permission to accept employment.	moiden name, ar	nd nicknames. If you need extra space to	
b. []]	Replacement of lost, stolen, or damaged employment	Additional Info	cools, use the space provided in Part 6. irrelation.	
	authorization document, or correction of my	2.a. Family Na	ane [	
	U.S. Citizenship and Immigration Services (USCIS)	(Last Nam	se)	
	error,	(First Nam	w)	
	NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not maximum from 1.245 and form for Reference	2.e. Middle No	wite:	
	Replacement for Card Error in the What is the	3.a. Family Na (Lost Nam	ume e)	
	Filing Fee section of the Form 1-765 Instructions for	3.b. Given Nat	ж (	
	namer details.	(First Nam	H)	
A- []	Renewal of my permission to accept employment, (Attach a copy of your previous employment surborization document.)	3.c. Middle No		
_	25	(Last Nam	e)	
Part 2.	Information About You	4.b. Given Nat (First Nat	ne R)	
contain a	and a second	4.e. Middle Na	une	
Par You	rt 2. Information About You (continued) ar U.S. Mailing Address In Care Of Same (if am)	13.b. Provide your 14. Do you want (You must al	Social Security member (SSN) (if known).	
		Consent for	Disclosure, to receive a card.)	
5.6.	Street Namber and Name	NOTE: If y	ou answered "No" to Hem Number 14, skip	
S.c.	Apt. Ste. 1/2.	to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15.		
s.e.	State State ZIP Code distribution	<ol> <li>Consent for information f for the purpo Social Securi</li> </ol>	Discionare: 1 authorize disclosure of from this application to the SSA as required se of assigning the an SSN and isoning me a tw card.	
6.	Is your current mailing address the same as your physical address? <u>Ves</u> <u>No</u> NOTE: If you answered "No" to <b>Item Number 6.</b> , research same relaxation thereas before:	NOTE: If yo 14 15., pro Numbers 16	ou answered "Yes," to Been Nambers vide the information requested in Item a 17.b.	
114	S Physical Address	Father's Name Provide your father	's birth name.	
2.4	Street Number	16.a. Family Name	-	
	and Name	(Last Name) 16.b. Given Name	<u> </u>	
7.8.	□ Apt. □ Sie. □ Fir. □	(First Name)	L	
7.e.	City of Town	Mother's Name	or's birth manne	
7.d.	State 7.e. ZIP Code	17.a. Family Name	e a con un constitui	
Oth	ter Information	(Last Name) 17.b. Given Name		
8.	Alien Registration Number (A-Number) (if any)	(First Name)	L]	
	► A-	Provide Constants	a Countries of Citizenship or	
9.	USCIS Online Account Number (if any)	Nationality	or Countries of Cattenship or	

If you mand extra pages

Top Portion: leave this entire section blank

PART 1. Reason for Applying, pg. 1

Check the "1a" box for "Initial Permission to accept employment."



#### Part 1. Reason for Applying

I am applying for (select only one box):

- x Initial permission to accept employment. 1.0.
- Lb. 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.



Le. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

#### PART 2. Information About You, pg. 1

#### **#1.a.-1.c.** Name

Your entire family name should be in CAPITAL letters. Use upper and lower case for the first name. Please write your name exactly as it appears on your I-20.

#### #2.a.-4.c. Other Names Used

Enter your previous names, including nicknames you have used in official records or documentation. If none, write "N/A"

If you are typing out the I-765 electronically, be aware that the form does not allow you to write the "/" character into these fields. You will need to handwrite the "N/A" wherever this appears in the instructions.

#### Part 2. Information About You

#### Your Full Legal Name

 

 1.a. Family Name (Last Name)
 FAMILY NAME

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

 1.c. Middle Name
 N/A

#### 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.e.	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

#### PART 2. Information About You, pg. 2

#### U.S. Mailing Address

This is where you would like the Receipt Notice and the EAD card to be mailed. *This is very important!* 

The address should be valid for at least 3-5 months, the length of time will take to process the application. If you have plans to move during this time, use a reliable friend or family member's address to receive the EAD (indicate this in **#5.a**.) It is also possible to use a PO. Box for mailing addresses. **You may also want to use Salve's address**.

**# 5.a.** If the mailing address belongs to someone other than yourself, put their full name (First Name Last Name) here. If this is your address, write "N/A"

**#5.b-5.e** Write a valid mailing address in the U.S. It may be a residence, commercial address, or PO Box.

#6 If you listed a mailing address that is NOT your current physical living address, select "No" and complete #7.a-7.e. with your current physical address. If "Yes," write "N/A" in #7.a-7.e. Physical address

should reflect where you actually live.

#### Part 2. Information About You (continued) Your U.S. Mailing Address 5.a. In Care Of Name (if any) Oski Bear (or N/A if ths is your address) 5.b. Street Number **123 College Ave** and Name Flr. X Apt. 5.c. Ste. 8 5.d. City or Town Newport, 5.f. ZIP Code 5.e. State RI 02840 (USPS ZIP Code Lookup)

Is your current mailing address the same as your physical address?

If no, complete 7.a-7. NOTE: If you answered "No" to Item Number 6., provide your physical address below.

# U.S. Physical Address 7.a. Street Number and Name 987 Example Street 7.b. X Apt. Ste. Flr. 45A 7.c. City or Town Newport 7.d. State RI 7.e. ZIP Code 02840



PART 2, pg. 2, continued...

Other Information

#8 F-1 students do not have an A-Number, leave this blan

**#9** F-1 students do not have a USCIS Online Account Number, leave this blank.

**#10-11** The responses to these questions should be straightforward. Please complete them accurately.

#### #12

Check "No" if you have never applied for an EAD.

Check "Yes" if you have previously applied for an EAD. You will need to provide copies of your previous EA

Note on 12: This question does not apply to previous oncampus employment or CPT.

#### **Other Information**

8. Alien Registration Number (A-Number) (if any) ► A-Leave blank 9. USCIS Online Account Number (if any) Leave blank Gender Male Female 10. Marital Status 11. x Single Divorced Widowed Married 12. Have you previously filed Form I-765? No Yes

If yes, you will need to provide copy(s) of your previous EAD(s)



#### PART 2, pg. 2, continued...

#13.a.-17.b. Social Security Number (SSN)

**#13.a.** Check "Yes" if you have been issued an SSN and enter your SSN with one letter in each box.

**#13.b**. Check "No" if you do not yet have an SSN.

**#14**. Check "Yes" if you want a new or replacement SSN card and complete.

#15-17.b. Check "No" if you do not want a new or replacement

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

If yes, complete 13.b. XYes

If no, skip to 14

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).

#### 123456789

 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.)

If yes, complete 15-17.b Yes No

If no, skip to 18

7

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.

 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. - 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)
 FAMILY NAME

 16.b. Given Name (First Name)
 First Name

#### Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name)

FAMILY NAME

**First Name** 

17.b. Given Name (First Name)



You should receive your Social Security card from SSA about 2 weeks after receiving your approved EAD from USCIS.

#### PART 2, pg. 2-3 continued...

The responses to these questions are straightforward. Please complete them accurately.

#### **#18** Countries of Citizenship, pg 2

List all as applicable (*use Part 6 of the I-765 if needed*) or write "N/A" in 18.b. if you do not have multiple citizenships.

#### **#19-20** Place of Birth, pg 3

List the name of the country as it was named when you were born, even if it's name has changed

Make sure your Date of Birth is in the correct format of MONTH - DAY - YEAR. (01/31/1998 not 31/01/1998)

#### 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

Australia

18.b. Country

N/A

#### Place of Birth

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

19.a. City/Town/Village of Birth

**Brisbane** 

19.b. State/Province of Birth

Queensland

19.c. Country of Birth

Australia

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

01/31/1998



PART 2, pg. 3 continued...

Information About Your Last Arrival

#### #21.a. I-94 Number

Use your current <u>I-94 number</u>. This is at the number found on the electronic I-94 record or on the top left corner of the paper Form I-94 card (see example).

#### #21.b.-e. Passport Information

Enter the information directly from your passport. This passport should match the country on your I-20.

In cases where you entered the US on a passport that is now expired, **enter the number of your renewed passport**. (You will provide information on the expired passport on pg. 7 of the application.)

#### #21.c. Travel Document

Write "None" here.

Security America's Borders								
Most Recent I-94			2					
Admission (I.94) Record Number - 2172455789								
Most Recent Date of Entry: 2017 March 05	1							
Ciper of Admirelog - E1	1							
Class of Admission : F1	1							
Admit Until Date : D/S	1							
Details provided on the I-94 information form:								
Last/Sumame : WANG	1							
First (Given) Name : WENYI Birth Date : 1958October 26	1							
Passport Number : M123456								
Country of Issuance : China								
Clet Travel History								
<ul> <li>Effective April 26, 2013, DHS began automating the admission proc he U.S. is no longer required to be in possession of a preprinted Formation</li> </ul>	cess. An alien larfully admitted m I-94. A record of admission p	or paroled into winted from the	1					
<ul> <li>If an employer, local, state or federal agency requests admission in</li> </ul>	n(d). formation, presen your admin	sion (1-04)						
umber along with any additional required documents requested by t	that employer or agency.							
<ul> <li>Note: For security reasons, we recommend that you close your bro 64 number.</li> </ul>	owser after you have finished r	etrieving your						
Information Abo United States	out Your I	Last .	4 <i>rri</i>	val	in	the	?	
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#### PART 2, pg. 3 continued...

#### #22 Date of Last Entry into the U.S.

Your most recent entry date can be found on your passport admission stamp, electronic I-94 record, or paper I-94 card.

#### #23 Place of Last Arrival into the U.S.

Name of the Port of Entry city from your most recent entry. This information can be found on your passport admission stamp, travel history section of your electronic I-94 record, or paper I-94 card (usually as a code, i.e. "BOS" for San Francisco). If you drove across the border, write the name of the city where entered the U.S.

#### #24 Immigration Status at Last Entry

Status in which you entered the U.S. If you entered with an I-20 as a student, write "F-1Student."

#### #25 Current Immigration Status

Current status should be "F-1 student." If not, talk to a BIO advisor, and this status should be reflected in your current I-94.

#### #26 SEVIS ID

Your SEVIS ID appears on the top left side of your I-20 and starts with N00...

- Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)
   12/19/2017
- 23. Place of Your Last Arrival Into the United States
  BOS
- Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

F-1 Student

 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

 Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- 0023104289



#### PART 2, pg. 3 continued...

#### #27 Eligibility Category

Use the code (c) (3) (B) for *post-completion* OPT. DO NOT USE a different code!

#### Information About Your Eligibility Category

 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)).

#### #28-31.b. Other Eligibility Categories

Write "N/A" in these fields. N/A means not applicable. These questions are NOT applicable to applying for your 12-month Post Completion OPT. #28 is for STEM OPT applicants only.

B

(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 N/A

28.b. Employer's Name as Listed in E-Verify

#### N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number



 (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., have you EVER been arrested for and/or convicted of any crime?

#### Leave blank

**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.

► N/A

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, pg. 4

**#1.a.** Select 1.a. to indicate that you have read and understood the questions.

**#3-6** Provide your information as requested

#### 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. X 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.

At my request, the preparer named in Part 5.,

Leave blank prepared this application for me based only upon information I provided or authorized.

#### Applicant's Contact Information

3. Applicant's Daytime Telephone Number

1234567890

Applicant's Mobile Telephone Number (if any)

#### 1234567890

5. Applicant's Email Address (if any)

#### oskibear067@gmail.com

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



#### PART 3, pg. 4 continued...

Applicant's Declaration and Certification

Read the entire declaration carefully.

Applicant's Signature

**#7.a.-7.b.** Hand sign your name and provide the date of the signature.

#### Important!

Your signature will be scanned and must fit within the box. It must NOT touch the box outline. If the signature is too big and crosses a line, your application could be delayed. Be conservative and use a signature smaller than normal. Please see the example.

#### Troubleshooting Signature Line:

In some cases the "Don't forget to sign!" automatic reminder will not disappear when you print the form.

You should remove the auto filled "Don't forget to sign!"

#### 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

#### **Applicant's Signature**

#### 7.a. Applicant's Signature

⇒	Jour signalure here (don't touch the lines)		
7.b.	Date of Signature (mm/dd/yyyy)	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.

We recommend trying:

- To open the form in the most recent version of Adobe Reader.
- To print a blank version of the form's second page from your web browser.



#### PARTS 4 and 5, pgs. 4-6

These sections are not applicable to you, since you've completed the form yourself, so write "N/A." This section is for those who use an interpreter or other paid preparer to complete the form.

Part 4. Interpreter's Contact Information, Certification, and Signature	Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant
Interpreter's Mailing Address	Provide the following information about the preparer.
3.a. Street Number N/A and Name	Preparer's Full Name
3.b. Apt. Ste. Fir.	La Prenarer's Family Name (Last Name)
se. Chyor Iown	1.b. Preparer's Given Name (First Name)
3.d. State 💽 3.e. ZIP Code	A1/A
3.f. Province	2. Preparer's Business or Organization Name (if any)
3.g. Postal Code	N/A
3.h. Country	Prenarer's Mailing Address
	3.a. Street Number N/A
Interpreter's Contact Information	and Name
4 Intermeter's Daytime Telephone Number	3.8 Api Sie Fir.
N/A	3.c. City or Town
5. Interpreter's Mobile Telephone Number (if any)	3.d. State 3.e. ZIP Code
	3.f. Province
6. Interpreter's Email Address (if any)	3.g. Postal Code
	3h Country
Interpreter's Certification	
certify, under penalty of perjury, that:	
am fluent in English and N/A	Preparer's Contact Information
which is the same language specified in Part 3., Item Number	4. Preparer's Daytime Telephone 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	5. Preparer's Mobile Toppy one Number (if any)
she understands every instruction, question, and answer on the	
Certification, and has verified the accuracy of every answer.	6. Preparer's Email Adors (I any)
Interpreter's Signature	
7.a. Interpreter's Signature	
N/A	
	N/A

Part 4 pg. 5

#### 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 application rowided me to atthorized me to obtain or use.

#### **Preparer's Signature**

- 8.a. Preparer's Signature
- **8.b.** Date of Signature (mm/dd/yyyy) Part 4 pg. 6

S. C. S.

N/A

#### 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 pg. 4

Page 7, Part 6 needs to be completed ONLY if you:

- most recently entered the US on a passport that is no longer valid and you now have a renewed passport
- have previously had other SEVIS IDs
- ↗ have ever been authorized for CPT or OPT, or STEM OPT Extension
- If none of these apply to you, leave Page 7, Part 6 blank, but you must include it in your application. You are done with the I-765.



How to complete Page 7, Part 6 if you:. have ever been authorized for CPT, OPT, or STEM OPT

PART 6, Additional Information, pg. 7

**#1.a.-1.c**. Provide your name again as listed in Part 2, 1.a-1.c.

**#2**. Leave blank

**#3.a.-3.c.** Reference Pg. 2, Part 2, Item 12 (If you already used sections **3.a.-3.d**.use the next available section, 4a-d, etc.)

**#3.d.** If you have had previous CPT and/or OPT, write "*see attached documentation for previous CPT and/or OPT authorizations*" and include copies of all previous CPT and OPT I-20s and EAD cards with your application.

#### 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.	

#### How to complete Page 7, Part 6 if you:

most recently entered the US on a passport that is no longer valid and you now have a renewed

passport

If this does not apply to you, leave Part 6 blank. You are done with the I-765; skip to the next slide.

PART 6, Additional Information, pg. 7

**#1.a.-1.c.** Provide your name again as listed in Part 2, 1.a-1.c.

**#2.** Leave blank

**#3.a-3.c.** Reference Pg. 3, Part 2, Item 21.d.

**#3d.** Write an explanation that clarifies that you have two passports: one that you used for entry but is no longer valid, and one that is currently valid.

**#3.d**. Include copies of both passports and your I-94 with your application.

#### 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) FAMILY NAME
1.b.	Given Name (First Name) First Name
1.c.	Middle Name N/A
2.	A-Number (if any) ► A-
3.a.	Page Number   3.b.   Part Number   3.c.   Item Number     3   2   21.d
3.d.	I most recently entered the US on MM-DD-YYYY
	with passport ######## and was issued I-94
	########. Since this date, I have renewed my
	passport. The number of my new passport is
	########. See attached copies of both passports
	and the I-94.

#### How to complete Page 7, Part 6 if you:

• have previously had other SEVIS IDs

PART 6, Additional Information, pg. 7

#1.a.-1.c. Provide your name again as listed in Part 2, 1.a-1.c.#2. Leave blank

**#3.a.-3.c.** Reference Pg. 3, Part 2, Item 26 (If you already used sections 3.a.-3.d. use the next available section, 4a-d, etc.)

**#3.d.** List all previously used SEVIS numbers, including from all previous F-1 /F-2 or J-1/J-2 programs in the U.S., including high school, short stays, language training schools, community colleges, or previous I-20s at Salve.

You may need to contact your previous schools if you are missing any of this information.

#### 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)	FAMILY NAME
	1.b.	Given Name (First Name)	First Name
	1.c.	Middle Name	N/A
	2.	A-Number (if a	nny) ► A-
*	3.a.	Page Number	3.b.         Part Number         3.e.         Item Number           2         26
	3.d.	Previous F-1	SEVIS IDs: N0048798787,
		N000989898	89,
		Previous J-1	SEVIS ID: N0012345679
		(These a	re examples only- use

(These are examples only- use your own information from your previous I-20s or DS-2019s)

#### IF YOU COMPLETED any part of PAGE 7, PART 6,

you must add your signature IN BLUE and the date in the blank space at the bottom of page 7.



Form I-765 05/31/18

Page 7 of 7





You are done with the I-765!

- 1. Review all the information on the form for accuracy. You must submit ALL 7 pages of the I-765.
- 2. Make a copy of your completed I-765 application to keep for your records, in case there is a problem with the application.



## I-94 Record

10 10		045
		Expiration De
et I-94 Number	I-94 FAQ	
Admission (I-94) Ne	umber Retrieval	
Admission (I-94) R	ecord Number:	Print
Admit Until Date (M	MM/DD/YYYY): D/S	
Details provided on	Admission (I-94) form:	
Family Name:		
First (Given) Name	: Federico	
Birth Date (MM/DD	mm;	
Passport Number:		_
Passport Country	of Issuance: Italy	I
Date of Entry (MM	DD/111/2013	
Class of Admissio	n: F1	

#### https://i94.cbp.dhs.gov/I94

F-1 status and D/S

Students entering U.S. by land will have a white, paper I-94 card



## Money Order or Check or Credit Card

- USCIS Payment Methods: Check/Money Order or Credit Card Payment for \$410.
- Check/Money Order should be made payable to "U.S. Department of Homeland Security" with SEVIS number in the memo line. Money orders can be purchased at banks, post office, and some local grocery stores. Make sure a name and address are printed on the check. If the address has changed, that is fine.
  - Do not use "temporary checks" often issued by the bank when opening a new account. These checks have no name or address in the upper left hand corner.
- For Credit Card payment, submit form <u>G-1450</u>, authorized payment amount \$410. You may only use a credit card account with a U.S. billing address—no foreign billing address is allowed.







#### The Application Deadline

- USCIS must receive your complete OPT application no later than 30 days after the OPT I-20 ISSUE DATE on page 1.
  - The issue date is located next to the advisor's signature on page 1of the OPT I-20. Please account for mailing time.
- Additionally, USCIS must receive your application before the end of your 60 day grace period.
- Track the status of your mailed application to be certain it was delivered on time.

Your application must be submitted to USCIS from within the U.S. If you exit the U.S. after your program completion date without applying for OPT, you cannot return and will lose your option for OPT.

#### We recommend that you apply early.

U.S. Immigration and Customs Enforcement			OMB NO. 1653-0038			
SEVIS ID: N	-					
SURNAME/PRIMARY NAME		GIVEN NAME CLASS		CLASS		
PREFERRED NAME		PASSPORT NAME		1		
COUNTRY OF BIRTH			COUNTRY OF CITIZENSHIP			-1
DATE OF BIRTH		ADMISSION NUMBER		EMIC AND		
FORM ISSUE REASON CONTINUED ATTENDANCE			LEGACY NAME LA		GUAGE	
SCHOOL INFORMATION			-			
SCHOOL NAME University of Californis at Berkeley University of Californis at Berkeley			SCHOOL ADDRESS Berkeley International Office, Berkeley, CA 94720			
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL			SCHOOL CODE AN	D APPROVAL DATE		
International Student & Scholar	Advisor		27 JANUARY 2003	<u>.</u>		112
PROGRAM OF STUDY						
EDUCATION LEVEL	MAJOI Polit: Genera	R1 ical Science al 45.1001	and Government,	MAJOR 2 None 00.0000		
NORMAL PROGRAM LENGTH 48 Months	PROG	RAM ENGLISH F	ROFICIENCY	ENGLISH PROFICIENCY NOT Student is proficient		5
PROGRAM START DATE 21 JANUARY 2014	PROGR	RAM END DATE CEMBER 2015				
FINANCIALS						
FINANCIALS						
ESTIMATED AVERAGE COSTS FOR: 1	2 MONTHS		STUDENT'S FUND	ING FOR: 12 MONTHS		
ESTIMATED AVERAGE COSTS FOR: 1 Tuition and Fees	2 MONTHS \$	30,903	STUDENT'S FUND	ING FOR: 12 MONTHS	ş	0
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## TOP 3 MOST COMMON OPT DENIAL REASONS

- 1. Payment problems:
  - Check or Credit Card payment: Money is not in account at time of processing
  - incorrect fee amount
  - Check, money order, or credit card form not completed properly
  - Wrong dates on check, money order (U.S Date style = MONTH/DAY/YEAR = MM/DD/YYYY)
- 2. Copy of OPT I-20 (pages 1-3) is TOO OLD
  - New applications: USCIS must receive your complete OPT application no later than 30 days after the OPT I- 20 ISSUE DATE on page 1 of the I-20.
  - Resubmission after OPT Rejection or Denial- If your OPT is REJECTED OR DENIED you must NOTIFY BIO that your OPT has been rejected or denied. You will need to request a NEW OPT I-20 recommendation FROM BIO before you resubmit your OPT application. Again- USCIS must receive your new, complete OPT re-application no later than 30 days after the OPT I-20 ISSUE DATE on page 1 of the I-20.
  - 3. I-765 problems:
    - Incomplete or incorrect form fields
    - Not signed

Applications may be rejected or denied for other reasons. These are the most common reasons as observed by OIP

If your application is rejected or denied you might still be able to re-apply to USCIS before the end of your 60-day grace period.

If you receive a Rejection or Denial (or Request for Evidence) notify OIP *immediately*, and ask for advice before your response.



## Passport Photos

- Two official passport-sized color photos. You must remove your glasses and your head must be bare unless you are wearing headwear as required by a religious order of which you are a member
- Write your name and SEVIS number gently in pencil or a felt pen on the back.
- passport-style photos must be 2" by 2"
- Do not staple them to application. Put in small envelope.





## Additional Documents Needed

- Copy of identification page(s) of your passport
- Copy of F-1 visa and ALL previously issued U.S. visas (except Canadians)
- Copy of ALL I-20s ever issued (including from other schools)
  - Page 1 and travel signature page of I-20
- Copy of all previously issued EAD cards (front and back) (if applicable)
- Copy of change of status approval (if applicable)



## Gather the required documentation

#### Photocopy of Salve OPT I-20 (all pages):

- Must be received by USCIS within 30 days of DATE ISSUED on page 1.
- Original must be signed by a advisor in *before copying*.
- Original must be signed by the student at the bottom of page 1 *before copying*.
- The requested OPT start and end dates will appear on page 2.
- Do not mail the original I-20.

Department of Homeland Security U.S. Immigration and Customs Enfor	cement	I-20, Certificate o OMB NO. 1653-00	of Eligibility for Nor 038	immigrant Student Status	
SEVIS ID: N					
SURNAME/PRIMARY NAME		GIVEN NAME		CLASS	
PREFERRED NAME		PASSPORT NAME			
COUNTRY OF BIRTH		COUNTRY OF CITI	IZENSHIP		
DATE OF BIRTH	ADMISSION NUMBER				
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME	ACADEMIC AND LANGUAGE			
SCHOOL INFORMATION	the second second		energenen 👌		
SCHOOL NAME University of California at Berl	teley	SCHOOL ADDRESS Berkeley Intern	S national Office,B	erkeley,CA 94720	
SCHOOL OFFICIAL TO CONTACT UPO	SCHOOL CODE AN	ND APPROVAL DATE			
International Student & Scholar	Advisor	27 JANUARY 2003			
PROGRAM OF STUDY	N. A., A. 1997 (1997)	digitaliyayi da ara	e caepadosta		
EDUCATION LEVEL	MAJOR 1 Political Science General 45.1001	and Government,	MAJOR 2 overnment, None 00.0000		
NORMAL PROGRAM LENGTH 48 Months	PROGRAM ENGLISH Required	ROFICIENCY ENGLISH PROFICIENCY NOTES Student is proficient		IENCY NOTES	
PROGRAM START DATE 21 JANUARY 2014	PROGRAM END DATE 18 DECEMBER 2015				
FINANCIALS	1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 -	1999 St. 1999	in a secondaria		
ESTIMATED AVERAGE COSTS FOR: 12	MONTHS	STUDENT'S FUND	ING FOR: 12 MONTHS		
Tuition and Fees	\$ 30,903	Personal Funds		\$ 0	
Living Expenses	\$ 18,000	Dept. Support		\$ 48,903	
Expenses of Dependents (0) Other	\$ 0 \$	On-Campus Emplo	oyment	5 5	
TOTAL	\$ 48,903	TOTAL	. e. togatisteri	\$ 48,903	
REMARKS					
SCHOOL ATTESTATION					
certify under penalty of perjury that all inform	ation provided above was entered	before I signed this form a	ind is true and correct. I e	xecuted this form in the United	
States after review and evaluation in the United and proof of financial responsibility, which wer qualifications meet all standards for admission t designated school official of the above named s	States by me or other officials of t e received at the school prior to the to the school and the student will b chool and am authorized to issue the	he school of the student's a e execution of this form. The required to pursue a full his form.	application, transcripts, o he school has determined program of study as defin	r other records of courses taken I that the above named student's red by 8 CFR 214.2(f)(6). I am a	
x	the All Mines	DATE ISSUED	PL	ACE ISSUED	
TON LETIOR OF	ternational Student &	05 October 2015	Be	rkeley,CA	
SIGNATURE OF: , In					
Scholar Advisor					
Scholar Advisor STUDENT ATTESTATION	and conditions of my admission a	nd those of any extension	of stay. Losstify that all i	eformation provided on this for	
Scholar Advisor Stoholar Advisor STUDENT ATTESTATION have read and agreed to comply with the terms effers specifically to me and is true and correct jurgoes of pursuing a full program of study at hursuant to 8 CFR 214.3(g) to determine my no	s and conditions of my admission a to the best of my knowledge. I cen he school named above. I also auth nimmigrant status. Parcet or guar	nd those of any extension ify that I seek to enter or n orize the named school to dian, and student, must	of stay. I certify that all i emain in the United State release any information I sign if student is under	nformation provided on this for is temporarily, and solely for the from my records needed by DHS 18.	
SIGNATURE OF: , in Signal and visor STUDENT ATTESTATION I have read and agreed to comply with the terms there specifically to me and it store and correct to harpose of paraming a full program of study at it parameters to 2(T=1/3) (g) to determine my no X SIGNATURE OF:	s and conditions of my admission a to the best of my knowledge. I cert he school named above. I also auth nimmigrant status. Parent or guas	nd those of any extension ify that I seek to enter or n orize the named school to dian, and student, must DATE	of stay. I certify that all i emain in the United State release any information I sign if student is under	nformation provided on this forn s temporarily, and solely for the from my records needed by DHS 18.	
SIGNATURE OF: , IN INCOME OF A STREET OF A STREET OF A STREET STUDENT ATTESTATION Thave read and aggreed to comply with the terms feets specifically one and is true and correct urgoes of pursuing a full program of study at di urgona to 8 CFR 214.3(g) to determine my no S urgonature OF:	s and conditions of my admission a to the best of my knowledge. I so enth he school named above. I also also nimmigrant status. Parcet or guas	nd those of any extension ify that I seek to enter or n orize the named school to diam, and student, must DATE	of stay. I certify that all i temain in the United State release any information I sign if student is under	nformation provided on this forn s temporarily, and solely for the from my records needed by DHS 18.	

## Gather the required documentation

#### Photocopy of Passport and Visa:

- Photocopy the passport biographic page with the photo and passport expiration date. Use a valid passport even if it is not the passport you used to enter the U.S. most recently. (You will provide information on the expired passport on pg. 7.)
- Photocopy the F-1 visa, if applicable;
   visa does not need to be valid.





## Gather the required documentation

#### Photocopy of Previous EAD(s), if applicable:

- If an EAD was received in the past, include a copy of the front and back of the card.
- Can be from OPT approved at a prior institution or different education level.
- Include previous OPT I-20s and I-797 notice of approval as well if available.





## Step 1: Recommendation

- Make appointment with Office of International Programs
- Bring originals and one photocopy of all items on the OPT checklist
- A cover letter to the application is optional, but it is required if you cannot locate I-20s, previous visas or EAD cards
- You will be issued a new I-20 with OPT recommendation



## Step 2: Mailing your Application to USCIS

Watch OPT Tutorial: Mailing your application to USCIS for further instructions.

