



INSTRUCTIONS TO COMPLETE FORM I-765 J-2 DEPENDENT EMPLOYMENT AUTHORIZATION

You must review this guide carefully as you complete your Form I-765. Be sure to TYPE the form, do not complete it by hand. The only exception is your signature. Print the form single-sided only and do not staple together.

Note: If a data field is too small for the information that you want to enter, please enter as much data as you can and then provide the complete information on page 7 of the Form I-765.

The HIO provides general guidance on your J-1 employment authorization application based on information obtained from reliable sources and reflecting our years of experience in working with students and scholars. We make every attempt to ensure that we provide you with the most up to date information available. Any advice provided to you by our office (as well as the information in this packet) does not constitute legal advice, however. The J-2 employment authorization application is a personal application for which you are responsible; the application preparation and USCIS case decision will vary depending on the facts at issue in your particular case. The HIO does its best to provide you with the most current guidance, but please be mindful that USCIS may change its interpretation of these policies, procedures, regulations, and eligibility requirements at any time. The HIO is not responsible for any errors or omissions, or for the results obtained from USCIS.

PART 1: REASON FOR APPLYING

- If you are filing for the first time, check 1.a. “Initial Permission to Accept Employment”
- If you are renewing an existing EAD, check 1.c. “Renewal”

PART 2: INFORMATION ABOUT YOU

Your Full Legal Name

- List your family name, given name, and middle name in Items 1.a. – 1.c. Please only include names listed on your DS-2019 Form.

Other Names Used

- Please provide any other legal names used in Items 2.a. – 4.c., including aliases, maiden names, and nicknames. If not applicable, write “None” in each unused field in items 2.a.- 4.c.

Your U.S. Mailing Address

- Use a mailing address that will be valid at least 4-5 months into the future. If you will move out of your residence in less than 4-5 months, you should use the U.S. address of a reliable friend or relative who can receive the card for you. You may also list a U.S. Post Office address (PO Box) if that is how you receive your mail. EADs are considered government documents and cannot be forwarded by the U.S. Postal Service.
- Prior to completing your U.S. mailing address, verify your address with the U.S. Postal Service https://tools.usps.com/go/ZipLookupAction_input.
- If you use the address of a friend, please write your friend’s name in Item 5.a. If you are using your own address, please leave Item 5.a. blank. Continue with the mailing address in Items 5.b. – 5.f.
- Item 5.f. – You must enter the full zip code plus four (XXXX-XXXX). After printing the completed Form I-765, you must handwrite the four digits following your zip code in Item 5.f. The Form I-765 will not allow you to type these digits in the field. To verify your full zip code with the U.S. Postal Service, visit https://tools.usps.com/go/ZipLookupAction_input.
- Item 6: Check “Yes” if you are using your own mailing address. If you listed a friend’s name and address in Items 5.a. – 5.f., check “No”.

U.S. Physical Address

- Complete Items 7.a. – 7.e. with your current residential address if you checked “No” in Item 6. USCIS will NOT mail documents here, and it is okay if this will change over the course of your application processing. If you checked “Yes” in Item 6, you may leave these fields blank.

Other Information

- Items 8 – 9: Leave blank
- Items 10 – 11: These items are self-explanatory. Please fill in the correct information.
- Item 12: If you have ever applied for employment authorization previously with USCIS, check yes. If not, check no.
- Item 13.a. – 13.b.: Enter your SSN. Leave this box blank if you do not have an SSN. (You do not need an SSN to apply for employment authorization. If you do not have one, you can apply for a Social Security Number after you receive your EAD.)
- Items 14 – 17.b: This form allows you to apply for an SSN if you don’t have one. You can apply separately for an SSN, if you choose not to use this function of the form. Please check “No” on question 14 if you have an SSN.

Your Country of Countries of Citizenship or Nationality

- Items 18.a. – 18.b: List your country of citizenship as it appears on your Form DS-2019. If you do not have a second country of citizenship, write “None” in 18.b.

Place of Birth

- Items 19.a. - 20: These items are self-explanatory. Please fill in the correct information.

Information About Your Last Arrival in the United States

- Item 21.a. Enter the eleven (11) digit number from your most recent I-94 record. You can download your most recent I-94 record by visiting www.cbp.gov/i94 and inputting the information from the biographical page of your passport.
- Items 21.b. – 21.e: you may find this information on this biographical page of your most recently issued passport.
- For Item 21.c. enter “None”.
- Item 22: Enter the most recent date you entered the U.S. in F-1 status, as listed on your I-94 record.
- Item 23: This field refers to the three-letter airport, port of entry or pre-flight inspection site abbreviation location, on your most recent entry stamp in your passport. For example, if you most recently entered the U.S and received your entry stamp in Boston Logan Airport you would enter BOS in item 23.
- Items 24-25: List “J2”
- Item 26: You may find your SEVIS number on the top right corner of your DS-2019

Information About Your Eligibility Category

- Item 27: Enter the following in this section: (C) (5)
- Items 28 – 31.b: You do not need to complete these items. Just leave them blank.

PART 3: APPLICANT’S STATEMENT, CONTACT INFORMATION, DECLARATION, CERTIFICATION, AND SIGNATURE

Applicant’s Statement

- Check the box for Item 1.a. Leave Items 1.b. – 2 blank.

Applicant’s Contact Information

- Provide your contact information in Items 3-5. Leave Item 6 blank unless applicable

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Applicant's Signature (on page 5)

- Sign 7.a. and date 7.b. using black ink

PART 4: Interpreter's CONTACT INFORMATION, CERTIFICATION, AND SIGNATURE

- Complete all fields 1.a. – 8.b. by typing "N/A" in each blank text field. Leave any check boxes blank.

PART 5: CONTACT INFORMATION, DECLARATION, AND SIGNATURE of the Person Preparing this Application, If Other Than the Applicant

Draw a diagonal line across page 6, and write "N/A" next to your line.

PART 6: ADDITIONAL INFORMATION

Complete this section only if you need more space than is given on the I-765 to complete a field (i.e. name). Be sure to complete the Page, Part, and Item number that your entry corresponds to.