Reminder: Please provide any other legal names used in items 2.a.-4.c., including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in Part 6.

**Additional Information.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Name Description</th>
<th>Provided Name</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.a</td>
<td>Family Name (Last Name)</td>
<td>Doe</td>
<td></td>
</tr>
<tr>
<td>2.b</td>
<td>Given Name (First Name)</td>
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<tr>
<td>2.c</td>
<td>Middle Name</td>
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<tr>
<td>3.a</td>
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<tr>
<td>3.b</td>
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<td></td>
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<tr>
<td>3.c</td>
<td>Middle Name</td>
<td>None</td>
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</tr>
<tr>
<td>4.a</td>
<td>Family Name (Last Name)</td>
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<td>4.b</td>
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<tr>
<td>4.c</td>
<td>Middle Name</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

**Reminder:** 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.
### Part 2. Information About You (continued)

#### Your U.S. Mailing Address

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

5.b. Street Number and Name  


5.d. City or Town  

5.e. State ▼ 5.f. ZIP Code  

(U.SPS ZIP Code Lookup)

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.c. City or Town  

7.d. State ▼ 7.e. ZIP Code

### Other Information

8. Alien Registration Number (A-Number) (if any)  

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.

### U.S. Mailing Address- where you want to receive your OPT receipt, approval notice and EAD.

**Notes:**

- Your mailing address should be valid at least 4-5 months into the future. **If not**, you should use a trusted friend or relative's U.S. address that can receive the card for you. You may also list a U.S. Post Office address if that is how you receive your mail. EADs are considered government documents and cannot be forwarded by the U.S. Postal Service.
- You should verify your address with the U.S. Postal Service: tools.usps.com/go/ZipLookupAction_input.

**Continued Part 2**

- **Item 5.a.** If you need your friend's or relative's address, please write their name in Item 5.a. If not, please leave Item 5.a. blank.
- **Item 5.b.-5.e.:** Continue to fill with mailing address.
- **Item 5.f.:** You need to enter the full zip code plus four digits (xxxx-xxxx). You must handwrite the four digits following your zip code in item 5.f. To verify your full zip code with the U.S. Postal Service: tools.usps.com/go/ZipLookupAction_input.
- **Item 6.:** Check "yes" if you are using your own mailing address and if it is your current residential address. If you listed a friend’s name and address in Item 5.a.-5.f., check "No".
- **Item 7.a.-7.e.:** if you check "yes" in Item 6, you can leave the fields blank. If not, you need to complete the fields with your current address. USCIS will not mail documents here, and it is ok if this will change over the course of your application process.

- **Item 8.-9.:** Leave blank.
- **Item 10.-11.:** These items are self-explanatory, Please fill in the correct information.
- **Item 12.:** If you have ever applied for OPT or have been issued an EAD previously with USCIS, check "yes". If not, check "no".
- **Item 13.a.:** If you have a Social Security card, select "Yes". If not, please select "No".
13.b. Provide your Social Security number (SSN) (if known).

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15, Consent for Disclosure, to receive a card.)

☐ Yes  ☐ No

NOTE: If you answered "No" to Item Number 14, skip to Part 2, Item Number 18.a. If you answered "Yes" to Item Number 14, you must also answer "Yes" to Item Number 15.

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.

☐ Yes  ☐ No

NOTE: If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father's Name
Provide your father's birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Mother's Name
Provide your mother's birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality
List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

18.a. Country

18.b. Country

- **Item 13b.**: Enter your Social Security Number (SSN). You can also hand write this number. Leave this box blank if you do not have an SSN.
- **You do not need a SSN to apply for OPT. If you do not have one, you can apply for a SSN after you receive your EAD or through using this form.**

- **Items 14-17.b.**: This form allows you to apply for an SSN if you do not 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.**

- **Items 18.a.-18.b.**: List your country of citizenship as it appears on you Form I-20. If you do not have a second country of citizenship, write "None" in 18.b.
**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  

19.b. State/Province of Birth  

19.c. Country of Birth  

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

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

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

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

21.c. Travel Document Number (if any)  

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

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

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

23. Place of Your Last Arrival Into the United States  

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

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)  

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

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

- **Item 21.a.:** Enter the eleven digit number from your most recent I-94 record. You can download your I-94 record by visiting [www.cbp.gov/I94](http://www.cbp.gov/I94).

- **Item 21.b.-21.e.:** You may find this information on this biographical page of your most recently issued passport.

- **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 code for the airport, port of entry or pre-flight inspection site 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. and 25.:** List "F1 student" in both fields.

- **Items 26.:** Your SEVIS number is found at the top left corner of your most recent Form I-20.

**Reminder:** The entry information reflected on your online I-94 record must match your most recent entry. If your online I-94 record has a prior or incorrect date or system says “cannot be found,” please contact your HIO advisor for help: [http://www.hio.harvard.edu/talk-advisor](http://www.hio.harvard.edu/talk-advisor).
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)(3)(c)(I)7xiii)).

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 28a - 28e.

28a. Degree

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

28c. 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, 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-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.

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.
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 I understand and I understood everything.

2. □ At my request, the preparer named in Part 5, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

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

5. Applicant's Email Address (if any)

6. □ Select this box if you are a Salvadoran or Guatemalan national eligible to enter into the ABC settlement agreement.

**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 6 blank unless applicable. Use only numbers and not dashes when entering your phone number, For example: 1234567890.

**Applicant's original signature:** Sign 7.a. and date 7.b. using black ink

No electronic signatures accepted.

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

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

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

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 and part 5:** After printing the Form I-765, draw diagonal line across page 5 and 6 and write "N/A" next to the line.

<table>
<thead>
<tr>
<th>Interpreter’s Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.a. Street Number and Name</td>
</tr>
<tr>
<td>3.c. City or Town</td>
</tr>
<tr>
<td>3.d. State □ 3.e. ZIP Code</td>
</tr>
<tr>
<td>3.f. Province</td>
</tr>
<tr>
<td>3.g. Postal Code</td>
</tr>
<tr>
<td>3.h. Country</td>
</tr>
</tbody>
</table>

**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**

Provide the following information about the preparer.

**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.c. City or Town

3.d. State □ 3.e. ZIP Code

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)
**Part 4 and part 5:** After printing the Form I-765, draw a diagonal line across page 5 and 6 and write "N/A" next to the line.

---

**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 by 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)  

1.b. Given Name  
   (First Name)  

1.c. Middle Name  

2. A-Number (if any) ➔ A- Leave Blank  

<table>
<thead>
<tr>
<th>3.a.</th>
<th>3.b.</th>
<th>3.c.</th>
<th>3.d.</th>
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<tbody>
<tr>
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<td>Part Number</td>
<td>Item Number</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>27</td>
<td></td>
</tr>
</tbody>
</table>

### CPT Authorization/OPT Authorization

- **Harvard University**
  - **12/02/2020-6/1/2021**
  - **Part-time/Full time**
  - **Bachelor's degree**

### Previous SEVIS IDs

- **Previous OPT/CPT**
  - For students who have been approved for OPT or CPT in the past, we suggest:
    - **Item 3.a.**: Page 3, Part 2, Item 27.
    - **Item 3.d.**
      - CPT Authorizations or OPT Authorizations (as a title to the section).
      - Employer Name.
      - Start date-End date.
      - Part-time or Full-time.
      - Degree Level (Bachelor’s Master’s, or PhD).
      - (Students can find their CPT/OPT details on the Form I-20 that was approved for each period of CPT/OPT).

- **Previous SEVIS IDs**
  - Students should list their other SEVIS IDs that students have been used in the past, we suggest:
    - **Item 4.a.**: Page 3, Part 2, Item 26
    - **Item 4.d.**
      - Previous SEVIS ID numbers (as the title for this section).
      - Previous SEVIS ID Number.
      - Program start date-end date for previous SEVIS ID; degree level.
      - The name of university you attended.

### Reminder

Please sign and date in black ink anywhere in the blank space below item 7.d. if you have used page 7 to provide any additional information.
- **Part 6:** Students need to complete page 7, part 6 if they have had the following:
  - Approved for CPT in the past.
  - Approved for OPT in the past.
  - Need more space than is given on the Form I-765 to complete a field (e.g., a name).
  - Used a different SEVIS ID in F-1 status in the U.S. (e.g., students attended school for a while, left the U.S. to take a break from school, and returned with a new Form I-20. Therefore, students would have a SEVIS ID from your first time attending that is different from your current SEVIS ID). **Your SEVIS ID is on the top left corner of your Form I-20 and starts with "N00".**

### Sample Form I-20:

<table>
<thead>
<tr>
<th>SEVIS ID:  N0004705512</th>
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</thead>
</table>

#### Department of Homeland Security
U.S. Immigration and Customs Enforcement

| I-20, Certificate of Eligibility for Nonimmigrant Student Status |
| OMB NO. 1653-0038 |

#### SEVIS ID:

<table>
<thead>
<tr>
<th>SURNAME/PRIMARY NAME</th>
<th>GIVEN NAME</th>
<th>CLASS</th>
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<tr>
<td>Doe-Smith</td>
<td>John</td>
<td>F-1</td>
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#### SCHOOL INFORMATION

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<th>SCHOOL ADDRESS</th>
<th>SCHOOL OFICIAL TO CONTACT UPON ARRIVAL</th>
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<tbody>
<tr>
<td>SEVIS School for Advanced SEVIS Studies</td>
<td>2002 Nancy Lane, P.O. Washington, MD 20741</td>
<td>Melanie Robertson, 2000</td>
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#### PROGRAM OF STUDY

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<table>
<thead>
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<th>PROGRAM START DATE</th>
<th>PROGRAM END DATE</th>
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<tbody>
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<td>01 September 2015</td>
<td>31 May 2021</td>
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#### FINANCIALS

<table>
<thead>
<tr>
<th>Estimated Average Costs For: 9 months</th>
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<table>
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<tr>
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<td>On-Campus Employment</td>
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</table>

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td>$ 32,500</td>
</tr>
</tbody>
</table>

#### REMARKS

Part 6: Students who do not need this page draw a diagonal line across page 7 after printing your form I-765 and write N/A next to the line. If not, please skip this page. The next page will provide instructions for students who need this part 6 for additional information.

<table>
<thead>
<tr>
<th>Part 6. Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| 1.a. Family Name (Last Name) |
| 1.b. Given Name (First Name) |
| 1.c. Middle Name |
| 2. A-Number (if any) |
| 3.a. Page Number 3.b. Part Number 3.c. Item Number |
| 4.a. Page Number 4.b. Part Number 4.c. Item Number |
| 5.a. Page Number 5.b. Part Number 5.c. Item Number |
| 5.d. |
| 6.d. |
| 7.a. Page Number 7.b. Part Number 7.c. Item Number |
| 7.d. |

N/A