

NOTE: The address entered below should be an address that is valid 5 months after a student's OPT Form I-20 end date. If a student will change addresses **within the next 5-8 months**, then they are advised to list the address of a trusted friend or family member.

As USPS **CANNOT** forward USCIS mail to new addresses.

Students CANNOT use the ISO's Address.

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.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town

5.e. State 5.f. ZIP Code [\(USPS ZIP Code Lookup\)](#)

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.b. ☐ Apt. ☐ Ste. ☐ Flr.

7.c. City or Town

7.d. State 7.e. ZIP Code

Other Information

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

9. USCIS Online Account Number (if any) **Leave Blank**

10. Gender ☐ Male ☐ Female

11. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765? ☐ Yes ☐ No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☐ No

NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).

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

Enter Country Of Passport

18.b. Country

If you do not have dual citizenship, then mark 18.b. with "N/A" or "NONE"

Only answer if you checked **YES** on 13.a.

Check **YES**, if you want to apply for an SSN with this application and have **NEVER** been issued an SSN.

ONLY answer the questions below if you answered **YES** to question 14.

Only fill in 5.a. with friend or family members name if you are using their address. If using the "In Care Of", assure your name and friends name are on mailbox; (inform apt. front

Check **NO**, if you are not living at the address listed in 5.b-5.f.

ONLY fill in questions 7.a-7.e. if you checked **NO** for question #6.

F-1 students rarely have A-numbers, leave blank. If you have an A-Number, enter that information.

Gender as listed on your current passport and I-20.

Pre-Completion: (c)(3)(A)
Post-Completion: (c)(3)(B)
STEM Extension: (c)(3)(C)

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)

Write Your I-94 Number.

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)

MUST BE VALID!

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

***Can be full city name or abbreviation.**

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-

Found on I-20

Information About Your Eligibility Category

27. Eligibility Category. Refer to the Who May File Form I-765 section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

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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 Items 28.a. - 28.c.

28.a. Degree

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

28.c. Employer's E-Verify Company Identification Number. 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 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.

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.

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.

If applying for STEM OPT **ONLY** complete questions: 28, 28.a., 28.b., & 28.c

ONLY if applying for STEM OPT - Ask your employer for this information
NOTE: The E-verify number is different than the EIN number!

ATTENTION
Leave questions 28 to 31.b **BLANK** for Pre-OPT and Post-OPT applications.

Note: U.S. POE outside U.S. is allowed. This is where you entered through immigration if the POE listed is outside the U.S.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in _____, a language in which I am fluent, and I understood everything.
2. ☐ At my request, the preparer named in **Part 5.**, _____, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number _____
4. Applicant's Mobile Telephone Number (if any) _____
5. Applicant's Email Address (if any) _____
Personal Email Address
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 signed all of the information contained in, and submitted with this application and that all of this information is 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) _____

Check 1.a. since English is required for all MIT programs.

Phone number required here, can also be cell/mobile number.

Enter an email address that is **NOT** an MIT email address.

Leave Part 4 **BLANK** - Since English is required for all MIT programs.

HANDWRITTEN (wet) Signature REQUIRED! In Black ink.

MM/DD/YYYY

Remember - ALL 7 pages - must be included in an application, even if some are blank!

Leave Part 4 **BLANK**. Since English is required for all MIT programs.

ONLY complete Part 5 and/or Part 6 (e.g. pages 5 and 6 of the I-765 Form) if they apply to you. If they do not apply, leave **BLANK**!

You **MUST** still include these pages in your application!

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name
3.b. ☐ Apt. ☐ Ste. ☐ Flr.
3.c. City or Town
3.d. State 3.e. ZIP Code
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

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.b. ☐ Apt. ☐ Ste. ☐ Flr.
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 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 representative, you may 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)

I-765 Additional Tips - MIT ISO

NOTE: Students should read the "Instructions for I-765 Form" on uscis.gov/i-765 in order to fill out their I-765 Form. This reference handout is provided as a convenience to MIT students only and ***does not constitute legal advice.***

A student must complete this page if they have ever had CPT, OPT, or a previous SEVIS ID Number. Below is an example, make sure you enter your personal 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)

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. CPT Authorization(s):
Masters, Full-Time, CPT with:
Sparksoft: 5/25/2021 to 8/19/2021.
Masters, Part-Time, CPT with: RegIO:
2/20/2022 to 5/19/2022.
Bachelors, Full-Time, CPT with:
Starship: 5/15/2016- 8/20/2016.
Bachelors, Part-Time, CPT with:
TechWorld: 9/15/2015- 12/20/2015.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. OPT Authorization(s):
Masters, Part-Time, Pre-Completion OPT
9/2/2021-12/18/2021, CIP: 03.0104 Energy
Bachelors, Post-Completion OPT:
6/25/2017-6/24/2018, CIP: 03.0210
Bioenergy.
Bachelors, STEM OPT Extension:
6/25/2018-6/24/2020, CIP: 03.0210
Bioenergy.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. Previous SEVIS ID Number(s):
Bachelors, N0000012345,
8/30/2013 to 5/20/2017,
CIP: 03.0210 Bioenergy

The ISO recommends that you list all previous periods of F-1 off-campus employment authorization information as follows:

For CPT:

- 3.a = '3' / 3.b = '2' / 3.c. = '27'
- 3.d. = Degree Level, Part-Time or Full-Time, CPT with "Employer Name": Dates (e.g. mm/dd/yyyy - mm/dd/yyyy).

For OPT:

- 4.a = '3' / 4.b = '2' / 4.c. = '27'
- 4.d. = Degree Level, Part-Time or Full-Time, "Type of OPT (e.g. Pre, Post, or STEM)": Dates (e.g. mm/dd/yyyy - mm/dd/yyyy), Major/CIP Code.

For SEVIS ID:

- 5.a = '3' / 5.b = '2' / 5.c. = '26'
- 5.d. = Degree Level, SEVIS ID #, Dates (e.g. mm/dd/yyyy - mm/dd/yyyy), Major/CIP Code.

ATTENTION:

- Do this for each degree level (and each institution) on F-1 status.
- If you have **never** applied for CPT or OPT, or SEVIS ID, then leave the section **BLANK**.
- Do **NOT** include previous SEVIS IDs that are in J-1 status.
- CIP Codes can be found on page 1 of your Form I-20, in the 'Program of Study' section under Major 1 and or Major 2. The format is xx.xxxx.
- Leave Page 7 **BLANK** For STEM OPT Applications **ONLY!**

Remember - ALL 7 pages - must be included in an application, even if some are blank!