

# OPT Application Review

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**Visa and Immigration Services (VIS)**  
**E5310 Melville Memorial Library**  
**Stony Brook University**  
**(631) 632-4685 | [www.stonybrook.edu/visa](http://www.stonybrook.edu/visa)**

## Disclaimer:

The I-765 is the F-1 student's individual application and responsibility - the obligation to submit a complete and timely application, as well as the adjudication of the application is between the student and USCIS. Any resources or guidance provided by Visa and Immigration Services as a service to the international students of Stony Brook University should not be considered legal advice.

# Topics to be Covered:

1. Preparing Your I-765 Application
2. Filing the I-765
3. What's Next: Understanding your Reporting Requirements
4. Traveling While on OPT
5. Key Points & Reminders

# Preparing Your I-765 Application

## You are responsible to prepare the following documents to be sent USCIS:

- **Two passport style photos**, no more than 30-days old
- **\$410 Application Fee:** Fee payment in the form of a money order, bank check, cashier's check, or credit card using *Form G-1450, Authorization for Credit Card Transactions* found at [www.uscis.gov](http://www.uscis.gov). If paying by check, it be made payable to "U.S. Department of Homeland Security".
- **Form G-1145**
- Cover Letter
- Completed **Form I-765**, fillable PDF version recommended.
- Form I-20 Recommending OPT signed by your and your advisor
- Copies of all Forms I-20 every issued to you, organized in date order (newest to oldest)
- Copies of the ID & expiration date pages in your **passport**
- Most recent **U.S Visa Stamp** (if applicable)
- Copy of your most recent **admission stamp** (in passport)
- Copy of your **electronic Form I-94**
- Copies of any previous EAD cards (if applicable)

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: N0010

SURNAME/PRIMARY NAME	GIVEN NAME	CLASS
PREFERRED NAME	PASSPORT NAME	<b>F-1</b>
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 26 AUGUST 1993	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE - UPDATED	LEGACY NAME	
<b>ACADEMIC AND LANGUAGE</b>		

**SCHOOL INFORMATION**

SCHOOL NAME State University of New York at Stony Brook Stony Brook University	SCHOOL ADDRESS Visa and Immigration Services, ES010 Melville Library, Stony Brook, NY 11794
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Meghan Behan International Student Advisor & Information Specialist	SCHOOL CODE AND APPROVAL DATE NYC214F006S000 29 JANUARY 2008

**PROGRAM OF STUDY**

EDUCATION LEVEL BACHELOR'S	MAJOR 1 Applied Mathematics, General 27.0301	MAJOR 2 Economics, General 45.0601
NORMAL PROGRAM LENGTH 36 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 26 AUGUST 2013	PROGRAM END DATE 20 MAY 2016	

**FINANCIALS**

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 19,792	Personal Funds	\$ 0
Living Expenses	\$ 15,008	Funds From This School	\$
Expenses of Dependents (0)	\$	Family - Jiang Haiyong and Ju Cheng	\$ 36,000
Health Insurance	\$ 1,200	On-Campus Employment	\$
<b>TOTAL</b>	<b>\$ 36,000</b>	<b>TOTAL</b>	<b>\$ 36,000</b>

**REMARKS**

Full-time Post Completion OPT is recommended within the fields of Applied Math & Statistics (27.0301) and Economics (45.0601).

**SCHOOL ATTESTATION**

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet the standards for admission to the school and the student will be required to pursue a full program of study as defined by a certificate of enrollment issued by a designated school official of the above named school and am authorized to issue this form.

X <u>Advisor's Signature</u>	DATE ISSUED 24 March 2016	PLACE ISSUED Stony Brook, NY
SIGNATURE OF: Meghan Behan, International Student Advisor & Information Specialist		

**STUDENT ATTESTATION**

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X <u>Your Signature</u>	DATE 3/24/2017		
SIGNATURE OF: Cheyfeel Jiang			
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

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: N0010

(F-1)

NAME:

**EMPLOYMENT AUTHORIZATIONS**

AUTHORIZATION TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	REQUESTED	19 JULY 2016	18 JULY 2017

**CHANGE OF STATUS/CAP-GAP EXTENSION**

**AUTHORIZED DROP BELOW FULL COURSE OF STUDY**

AUTHORIZATION TYPE	START DATE	END DATE
TO COMPLETE COURSE OF STUDY IN CURRENT TERM	28 JANUARY 2016	20 MAY 2016

**TRAVEL ENDORSEMENT**

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.


Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Advisor's Signature	DSO/ARO	X <u>Advisor's Signature</u>	03/24/2016	Stony Brook, NY
		X		
		X		
		X		

**IMPORTANT:**

- ★ Once you have selected your OPT start date, it is very difficult to change and impossible to switch once your request has been approved by USCIS.
- ★ If USCIS cannot process your request by the start date you have selected, a later start date may be issued.

# Form G-1145

- The G-1145 tells USCIS that you'd like to be informed via text or email that your I-765 was received.
- It is your responsibility to confirm that your contact information is correct on the Form G-1145.

 <b>e-Notification of Application/Petition Acceptance</b> Department of Homeland Security U.S. Citizenship and Immigration Services		USCIS <b>Form G-1145</b> OMB No. 1615-0109 Expires 09/30/2016
<b>What Is the Purpose of This Form?</b>		
Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.		
<b>General Information</b>		
Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.		
We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.		
The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.		
USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.		
<b>USCIS Privacy Act Statement</b>		
<b>AUTHORITIES:</b> The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.		
<b>PURPOSE:</b> 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.		
<b>DISCLOSURE:</b> The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.		
<b>ROUTINE USES:</b> The information provide on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices ( <b>DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File (A-File) and Central Index System (CIS)</b> , which can be found at <a href="http://www.dhs.gov/privacy">www.dhs.gov/privacy</a> ). The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.		
<b>Paperwork Reduction Act</b>		
An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 3 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, NW, Washington, DC 20529-2140. OMB No. 1615-0109. <b>Do not mail your completed Form G-1145 to this address.</b>		
<b>Complete this form and clip it on top of the first page of your immigration form(s).</b>		
Applicant/Petitioner Full Last Name Doe	Applicant/Petitioner Full First Name Jane	Applicant/Petitioner Full Middle Name Mary
E-mail Address JaneDoe@gmail.com		Mobile Phone Number (Text Message) 631-632-2222

# General Advice for Completing the Form I-765

## 1. Type your I-765

- Typing is preferred. Typing helps prevent unclear handwriting from causing errors on your EAD and helps avoid mail delivery problems or delays. Use the fillable PDF I-765 on the USCIS website to type in your answers.
- If you can't type your form, clearly print answers in black ink.

## 1. Sign your I-765 in black ink

- Typed signatures are not acceptable. The government will reject and return I-765s that are not signed.
- Make sure that your signature fits within the box provided.

## 1. Answer all questions fully and accurately

- If a question does not apply to you, type or print "NA" (short for 'Not Applicable') unless otherwise directed. If a question asks for a numerical response and does not apply to you, write "None".
- Include all pages of the Form I-765 along with your supplemental documents. USCIS will reject and return applications that do not include all 7 pages of the Form I-765.



# Form I-765

## PART 2. INFORMATION ABOUT YOU (CONTINUED)

### Your U.S. Mailing Address

5.a. - 5.e.: Enter the address where you wish to receive your EAD Card. This address must be valid for 3-6 months.

Include an "In Care Of Name" if you want the EAD sent to someone other than yourself.

6. If check "no" you are indicating that your U.S. Physical Address differs from your U.S. Mailing Address and therefore you **must** complete items 7a-7d

### U.S. Physical Address

7.a.-7.d. If your U.S. Physical Address differs from your U.S. Mailing Address complete items 7a-7d

### Other Information

8. Enter "NONE"
9. Enter "NONE"
10. Gender
11. Marital Status
12. If you have filed an I-765 in the past with your current SEVIS ID# or a different SEVIS ID#, you must indicate such here and provide additional details on page 7.

**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

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)

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.**

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

# Form I-765

## PART 2: Other Information (continued)

**13.a.** Has a Social Security Number ever been issued to you?

**13.b.** If an SSN has been issued, provide 9-digit number.

**14.** If you don't have an SSN and want one issue, answer "yes"

**15.** If you answered "yes" for **item 14**, you must answer "yes" for **item 15**, to receive SSN card

**16.a.-17.b.** If you answered "yes" to **items 14-15**, provide the information questioned in **items 16.a.-17.b.**

### Your Country or Countries of Citizenship or Nationality

**18.a. – 18.b.** List all countries where you are a citizen.

<b>Part 2. Information About You (continued)</b>		<b>13.b.</b> Provide your Social Security number (SSN) (if known). ▶ <input type="text"/>
<b>Your U.S. Mailing Address</b>		<b>14.</b> Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to <b>Item Number 15., Consent for Disclosure</b> , to receive a card.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>NOTE:</b> If you answered "No" to <b>Item Number 14.</b> , skip to <b>Part 2, Item Number 18.a.</b> If you answered "Yes" to <b>Item Number 14.</b> , you must also answer "Yes" to <b>Item Number 15.</b>
<b>5.a.</b> In Care Of Name (if any) <input type="text"/>	<b>5.b.</b> Street Number and Name 750 Sample Street	<b>15. Consent for Disclosure:</b> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>NOTE:</b> If you answered "Yes" to <b>Item Numbers 14. - 15.</b> , provide the information requested in <b>Item Numbers 16.a. - 17.b.</b>
<b>5.c.</b> <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. <input type="text"/>	<b>5.d.</b> City or Town Stony Brook	<b>Father's Name</b> Provide your father's birth name.
<b>5.e.</b> State <input type="text"/>	<b>5.f.</b> ZIP Code 12345	<b>16.a.</b> Family Name (Last Name) Doe
<b>6.</b> Is your current mailing address the same as your physical address? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>NOTE:</b> If you answered "No" to <b>Item Number 6.</b> , provide your physical address below.	<b>16.b.</b> Given Name (First Name) Joseph
<b>U.S. Physical Address</b>		<b>Mother's Name</b> Provide your mother's birth name.
<b>7.a.</b> Street Number and Name <input type="text"/>	<b>7.b.</b> <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. <input type="text"/>	<b>17.a.</b> Family Name (Last Name) Smith
<b>7.c.</b> City or Town <input type="text"/>	<b>7.d.</b> State <input type="text"/>	<b>17.b.</b> Given Name (First Name) Jane
<b>7.e.</b> ZIP Code <input type="text"/>	<b>Other Information</b>	
<b>8.</b> Alien Registration Number (A-Number) (if any) ▶ A- <input type="text"/>	<b>9.</b> USCIS Online Account Number (if any) ▶ <input type="text"/>	
<b>10.</b> Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<b>11.</b> Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<b>12.</b> Have you previously filed Form I-765? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>13.a.</b> Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>NOTE:</b> If you answered "No" to <b>Item Number 13.a.</b> , skip to <b>Item Number 14.</b> If you answered "Yes" to <b>Item Number 13.a.</b> , provide the information requested in <b>Item Number 13.b.</b>	
		<b>Your Country or Countries of Citizenship or Nationality</b> 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 <b>Part 6. Additional Information.</b>
		<b>18.a.</b> Country Canada
		<b>18.b.</b> Country <input type="text"/>

# Form I-765

## PART 2: INFORMATION ABOUT YOU (continued)

### Place of Birth

- 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 to the U.S.

- 21.a. 11-digit Form I-94 number (<https://i94.cbp.dhs.gov>)
- 21.b. Passport Number
- 21.c. N/A
- 21.d. Country that issued your passport
- 21.e. Passport Expiration Date (mm/dd/yyyy)
- 22. Date of last entry to the U.S. (mm/dd/yyyy)
- 23. 3-letter designation for the port of entry listed on your more recent admission stamp.
- 24. Status of last entry (i.e. F-1 Student)
- 25. Current Immigration Status (i.e. F-1 Student)
- 26. 11-digit SEVIS ID# located at the top of your Form I-20

### Information About Your Eligibility Category

Field 27: For Post-Completion OPT list **(c) (3) (B)**

Field 28.a.: N/A

Field 28.b.: N/A

Field 28.c.: N/A

### Part 2. Information About You (continued)

#### Place of Birth

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

- 19.a. City/Town/Village of Birth  
Kingston
- 19.b. State/Province of Birth  
Surrey
- 19.c. Country of Birth  
Jamaica
- 20. Date of Birth (mm/dd/yyyy) 10/31/1992

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

- 21.a. Form I-94 Arrival-Departure Record Number (if any)  
▶ 1 2 3 4 5 6 7 8 9 0 1
- 21.b. Passport Number of Your Most Recently Issued Passport  
A75376
- 21.c. Travel Document Number (if any)  
N/A
- 21.d. Country That Issued Your Passport or Travel Document  
Jamaica
- 21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 11/01/2020
- 22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 01/15/2018
- 23. Place of Your Last Arrival Into the United States  
NYC
- 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- 0012345678

### 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)).  
( c ) ( 3 ) ( B )
- 28. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28.a - 28.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 Valid E-Verify Client Company Identification Number  
N/A
- 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?  
▶  No  Yes
- 31.a. **Items 29 to 31.b. do not apply to F-1 students requesting OPT authorization. Leave this section blank.**
- 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.

# Form I-765

## PART 2: APPLICANT'S STATEMENT & SIGNATURE

### Applicant's Statement

1.a.-2. Select all boxes that apply

### Applicant's Contact Information

3. Local U.S. phone number.
4. Local U.S. cell/mobile phone number
5. Email address you check everyday.

### Applicant's Signature

- 7.a. Applicant's signature in black ink
- 7.b. Date of Signature (mm/dd/yyyy)

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

### Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.


I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

### Applicant's Signature

- 7.a. Applicant's Signature  

- 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)

Sign in Black Ink

# Form I-765

## PART 4: INTERPRETER'S CONTACT INFORMATION

**3.a. – 7.b.** The sections requesting interpreter and/or attorney information should not be completed unless you have commissioned a professional to assist in filing this request.

## PART 5: INTERPRETER'S CONTACT INFORMATION

**1.a. – 8.b.** The sections requesting interpreter and/or attorney information should not be completed unless you have commissioned a professional to assist in filing this request.

<p><b>Part 4. Interpreter's Contact Information, Certification, and Signature</b></p>	<p><b>Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant</b></p>
<p><i>Interpreter's Mailing Address</i></p>	<p>Provide the following information about the preparer.</p>
<p>3.a. Street Number and Name <input type="text"/></p> <p>3.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. <input type="text"/></p> <p>3.e. City or Town <input type="text"/></p> <p>3.d. State <input type="text"/> 3.e. ZIP Code <input type="text"/></p> <p>3.f. Province <input type="text"/></p> <p>3.g. Postal Code <input type="text"/></p> <p>3.h. Country <input type="text"/></p>	<p><i>Preparer's Full Name</i></p> <p>1.a. Preparer's Family Name (Last Name) <input type="text"/></p> <p>1.b. Preparer's Given Name (First Name) <input type="text"/></p> <p>2. Preparer's Business or Organization Name (if any) <input type="text"/></p>
<p><i>Interpreter's Contact Information</i></p>	<p><i>Preparer's Mailing Address</i></p>
<p>4. Interpreter's Daytime Telephone Number <input type="text"/></p> <p>5. Interpreter's Mobile Telephone Number (if any) <input type="text"/></p> <p>6. Interpreter's Email Address (if any) <input type="text"/></p>	<p>3.a. Street Number and Name <input type="text"/></p> <p>3.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. <input type="text"/></p> <p>3.e. City or Town <input type="text"/></p> <p>3.d. State <input type="text"/> 3.e. ZIP Code <input type="text"/></p> <p>3.f. Province <input type="text"/></p> <p>3.g. Postal Code <input type="text"/></p> <p>3.h. Country <input type="text"/></p>
<p><i>Interpreter's Certification</i></p>	<p><i>Preparer's Contact Information</i></p>
<p>I certify, under penalty of perjury, that:</p> <p>I am fluent in English and <input type="text"/>, which is the same language specified in <b>Part 3., Item Number 1.b.</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 <b>Applicant's Declaration and Certification</b>, and has verified the accuracy of every answer.</p>	<p>4. Preparer's Daytime Telephone Number <input type="text"/></p> <p>5. Preparer's Mobile Telephone Number (if any) <input type="text"/></p> <p>6. Preparer's Email Address (if any) <input type="text"/></p>
<p><i>Interpreter's Signature</i></p>	
<p>7.a. Interpreter's Signature <input type="text"/></p> <p>7.b. Date of Signature (mm/dd/yyyy) <input type="text"/></p>	

# Form I-765

If you need extra space, use Part 6. Additional Information (page 7 of Form I-765)

- Use Part 6 to provide all previously used SEVIS numbers, and/or evidence of previously authorized CPT or OPT.
- Provide the Page Number, Part Number, and Item Number to which your answer refers.
- Even if you do not need the extra space, include the blank page with the rest of your application materials.

## PART 6: ADDITIONAL INFORMATION

- 1.a. Family Name (Last Name)  
 1.b. Given Name (Family Name)  
 1.c. Middle Name (if applicable)

- Provide all previously used SEVIS numbers and **evidence of any previously authorized CPT or OPT** and the academic level at which it was authorized.
- If you need extra space to provide additional information within the application, (i.e. if you name or address didn't fit the fields provided, or if you are providing details about a previously filed I-765.)
- Be sure to indicate the Page Number, Part Number and Item Number to which your answer refers to and sign and date each sheet.

### 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. SEVIS ID N0111111111

Master's

Previous CPT Authorization:

Part-Time, 1/15/2018 - 5/15/2018

Full-Time, 12/20/2017 - 1/4/2017

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

4.d. SEVIS ID N0111111111

Bachelor's

Previous OPT Authorization:

Post Completion OPT, Full-Time, 12/20/2015 - 12/19/2016

Pre-Completion OPT, Part-Time,

06/01/2015 - 08/21/2015

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

5.d. Previous SEVIS ID number: N0012345678

Program Dates: 09/05/2001 - 05/15/2006

Degree Level: High School

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d.

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.

# Immigration Documents

You are required to include photocopies of the following with your I-765:

- **Previously Issued I-20s:** Provide copies of all Forms I-20 ever issued to you
- **Current Form I-94:** Copy of your I-94 card stapled within your passport, or downloaded from CBP's website ([I94.cbp.dhs.gov/I94](http://I94.cbp.dhs.gov/I94))
- **Passport:** Including the identity and expiration pages
- **U.S. Visa Stamp** (if applicable)
- **Admission Stamp:** Most recent admission stamp issued at the port of entry upon your latest arrival to the U.S. (in passport)

★ Photocopies of the above documents should be printed on separate pieces of paper.

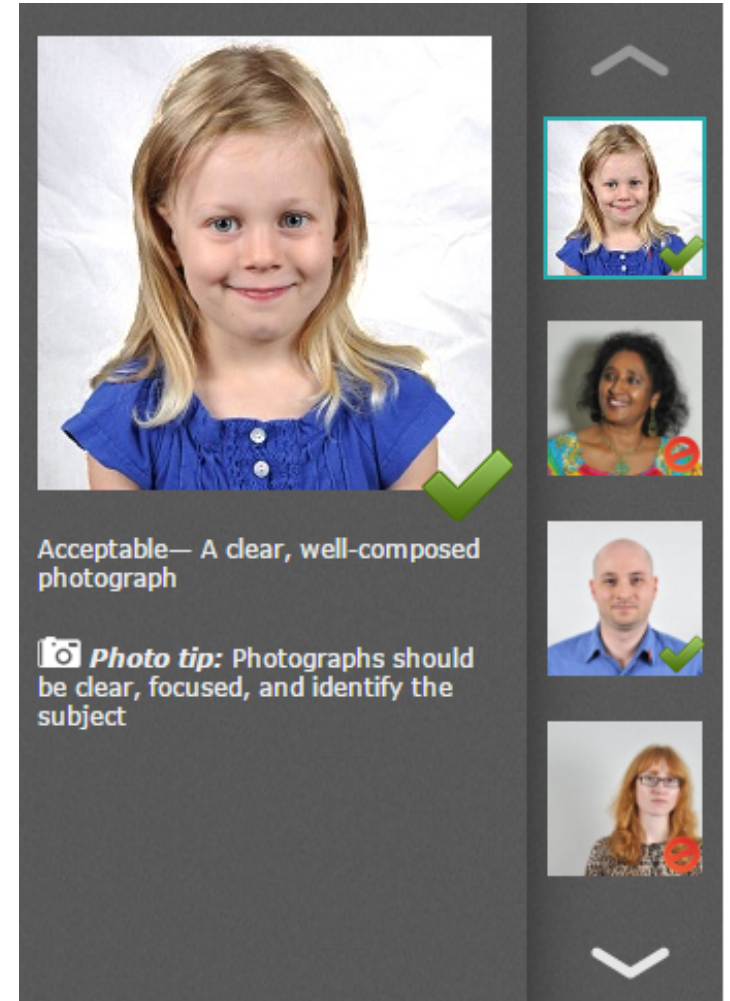
# Passport Style Photos

Two identical passport style photographs, issued within the last 30 days, are required.

Photos must meet the following criteria:

- In color & printed on matte or glossy photo quality paper
- 2 x 2 inches (51 x 51 mm) in size
- Taken within the last 30 days
- Taken in front of a plain white or off-white background
- Taken in full-face view directly facing the camera
- Cannot be the same photos used for your passport or visa.

★ Gently write your name, date of birth and I-94 number on the back of both of your photos.



# Application Fee - \$410

- You may pay the \$410 fee with a money order, bank check, cashier's check, or credit card using *Form G-1450, Authorization for Credit Card Transactions* found at [www.uscis.gov](http://www.uscis.gov).
- If paying by check or money order:
  - Make payable to **"U.S. Department of Homeland Security"**
  - In the memo/notes portion of the check, include your SEVIS ID#
  - Do NOT endorse/sign the back of the check or money order.
- USCIS will reject and return OPT applications if there is not the exact amount of money available to pay the fee when the application arrives at the USCIS Service Center. Do not send a check and plan to add money to your bank account later. Have 100% of the fee money ready when you mail your application to USCIS.
- If using the Form G-1450, be sure to pay attention to detail as any error on the form will result in a processing delay or denial. Make sure that you have enough money/ credit available in your account to cover the application fee.
- Cash (paper money) is not an acceptable method of payment.

# Important Reminders

- Make sure that you have every I-20 ever issued to you, and that they are signed and dated.
- I-765 must be typed and signed in black ink. Do not cross out or white out any errors.
- Remove all staples from your documents.
- All documents sent to USCIS be single sided as it helps with scanning process so examiners know nothing is missing.
- Make a copy of your entire application (including the shipping label) for your records before mailing it to USCIS.

# Filing Your I-765 with USCIS

# Submitting the I-765 to USCIS

You are responsible to mail the following documents to USCIS:

- **Two passport style photos**, no more than 30-days old
- **\$410 Application Fee:** Fee payment in the form of a money order, bank check, cashier's check, or credit card using *Form G-1450, Authorization for Credit Card Transactions* found at [www.uscis.gov](http://www.uscis.gov). If paying by check, it be made payable to "U.S. Department of Homeland Security".
- **Form G-1145**
- **Cover Letter**
- Completed **Form I-765**, fillable PDF version recommended.
- **Form I-20 Recommending OPT** signed by you and your advisor
- Copies of all Forms I-20 every issued to you, organized in date order (newest to oldest)
- Copies of the ID & expiration date pages in your **passport**
- Most recent **U.S Visa Stamp** (if applicable)
- Copy of your most recent **admission stamp** (in passport)
- Copy of your **electronic Form I-94**
- Copies of any previous EAD cards (if applicable)

- ★ All documentation must be received by USCIS within **30 days** of the issue date listed on your OPT Form I-20.
- ★ \$100 International Student Fee will be charged to your SOLAR account

# Filing with USCIS

- Send your application to the respective USCIS Lockbox via FedEx, UPS, or DHL.
- See handout for the appropriate mailing address - you will select the USCIS Lockbox based on the **state** you indicated for your **mailing address** (Part 2, Item 5.e.). *It is your responsibility to mail to the correct address.*
- USCIS **must** receive your I-765 and supporting documents within **30 days** of the date your I-20 was issued.




★ See the flyer in your packet for information on how to use UEMS (eShipGlobal) to purchase and print a shipping label. *(Shipping envelopes are will not be provided by VIS)*

# What's Next: Understanding your Reporting Requirements

# Approval Period

- USCIS takes approximately 3-6 months to process your I-765 Request for OPT.
- USCIS will mail an I-797 Receipt Notice in two to four weeks of receiving your request. The case # listed on Receipt Notice can be used to track the status of your application online at [www.uscis.gov](http://www.uscis.gov).
- Upon approval by USCIS, you will receive an Employment Authorization Document (EAD).
- The approval dates on your EAD card may be different than what you requested.

- ★ Keep all original documents issued by USCIS.
- ★ Not all USCIS Service Centers issue I-797 Approval Notices (i.e. Potomac)

Department of Homeland Security U.S. Citizenship and Immigration Services		Form I-797C, Notice of Action
<b>THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.</b>		
<b>NOTICE TYPE</b> Receipt	<b>NOTICE DATE</b> August 22, 2012	
<b>CASE TYPE</b> I-765, Application for Employment Authorization	<b>USCIS ALIEN NUMBER</b> A12345678	
<b>RECEIPT NUMBER</b> LIN 1234567891	<b>RECEIVED DATE</b> August 20, 2012	<b>PAGE</b> 1 of 1
		<b>DATE OF BIRTH</b> January 1, 1985
John Doe 123 Main St Main City, ST 12345		<b>PAYMENT INFORMATION:</b> Application/Petition Fee: \$465.00 Biometrics Fee: \$0.00 Total Amount Received: \$465.00 Total Balance Due: \$0.00
<b>NAME AND MAILING ADDRESS</b>		
<p>Full and complete payment has been received on the above application. <b>Please notify us immediately if any of the above information is incorrect.</b> If you find it necessary to contact this office in writing, you must include a copy of this receipt notice with your inquiry.</p> <p><b>BIOMETRICS -</b>            The next step is to have your biometrics taken at a USCIS Application Support Center (ASC). You will receive a notice in the mail regarding when USCIS has scheduled you for your ASC appointment.</p> <p>If you have questions about possible immigration benefits and services, filing information, or USCIS forms, please call the USCIS National Customer Service Center (NCSC) at <b>1-800-375-5283</b>. If you are hearing impaired, please call the NCSC TDD at <b>1-800-767-1833</b>. Please also refer to the USCIS website: <a href="http://www.uscis.gov">www.uscis.gov</a>.</p> <p>If you have any questions or comments regarding this notice or the status of your case, please contact our customer service number. You will be notified separately about any other case you may have filed.</p>		
<b>USCIS Office Address:</b> USCIS Nebraska Service Center P.O. Box 82521 Lincoln, NE 68501-2521		<b>USCIS Customer Service Number:</b> (800)375-5283 
Form I-797C Lockbox (LB) 01/02/12 Y		

# Reporting Requirements

Students on OPT are required to report the following in **accessVIS** within **10 days**:

- Receipt of your I-765, Request for OPT by USCIS
- Approval of your I-765, Request for OPT by USCIS
- Change of contact information (i.e. phone #, email)
- Change of name
- Additions/Changes in employment
- Terminations or interruption in employment

★ Updated I-20's reflecting changes or additions to employment may be requested by submitting the **Pre/Post Completion OPT Reporting** form in accessVIS.

# SEVP Portal

In 2018, the US government created an online portal for students on Post-Completion OPT to report the following personal and employer information directly to SEVP:

- Add or edit your phone number.
- Add or edit your mailing and physical address.
- Add or edit your employer's information.

***The use of this portal is optional and does not impact your employment authorization. VIS strongly recommends using accessVIS to report while on Post-Completion OPT.***

Upon applying for Post-Completion OPT, Visa and Immigration Services will report to SEVIS the personal email you indicate in the OPT Request e-form.

If approved for Post-Completion OPT, SEVP will use your newly reported personal email address to communicate instructions in setting up your SEVP Portal Account.

# Reporting Requirements

Reporting a change of address within 10 days is a requirement of your F-1 status as per federal regulation 8 CFR 265.1. As of March 1, 2019 all changes to your U.S. local address must be done in **SOLAR**.

Please follow the steps below to report your local address in SOLAR.

1. Login to SOLAR with your Stony Brook University ID number and password.
2. Go to **Security and Personal Data** then click **Addresses**.
3. Select **Add A New Address** to add your local (off campus) address. *Even if your address is listed as "Home" or "Mailing", you must still add it as your "Local" address.*
4. Verify your address information, and select "**Local**" under Address Type.
5. Click **Save**, then OK. Your local address should now appear.

***Note: Your local address must be where you sleep (not a P.O. Box).***

# Failure to Complete Academic Program

*It is important to speak to your VIS Advisor **before** your program end date if you think there is any possibility that you may not graduate.*

- If you fail to complete your academic program requirements **AFTER** your I-20 program end date, you **MUST** contact your VIS Advisor immediately.
- If your OPT request **has NOT been approved** by USCIS, and you contact us immediately there may be a chance to withdraw your request with USCIS.
- If your OPT request **HAS been approved** by USCIS, it is unlikely USCIS will cancel your request and you may lose eligibility time for Post-Completion OPT.
- Termination and Reinstatement to F-1 Status will likely be necessary. Your VIS advisor will provide appropriate guidance.

## Withdrawing/Cancelling your OPT Request with USCIS

If you decide NOT to apply for or use your OPT, complete the **Ending my F-1 Status** form in accessVIS and contact your VIS Advisor immediately. If you fail to notify VIS, your ability to work in the U.S. in the future could be denied.

## Request for Evidence (RFE)

Contact your VIS Advisor **immediately** if corrected and/or additional documentation is requested by USCIS in support of your I-765, as an updated Form I-20 may be necessary.



## EAD Errors & Misspellings

- If your Employment Authorization Document (EAD) card contains incorrect information that is due to a USCIS error, you must work with your VIS Advisor to request a new card.
- EAD error correction requests are processed on an expedited basis - current processing time for an EAD error correction request is 45 days.
- It is up to your employer whether they will allow the you to continue working while the card is being corrected.

# Acceptable Employment

- You are not eligible for any type of employment (on or off campus) until you receive your EAD and the authorized start date listed on your card has been reached. *(This includes any type of training, observation, volunteering, internship, etc.)*
- Employment during OPT must be full-time (at least 21 hours per week) and **directly** related to your academic degree program/major.
- Your approved dates of employment may be different from the dates that you requested.
- When reporting your OPT Participation to VIS you are required to indicate how your employment is related to your major. **This information will be reported by VIS directly to SEVIS.**

# Limited Periods of Unemployment

- You may not accrue more than 90 days of unemployment during Post-Completion OPT.
- The unemployment clock starts ticking as of the start date listed on your EAD card and does not stop until you have reported your OPT Participation in accessVIS by submitting the **Pre/Post Completion OPT Reporting** form AND your VIS advisor has reported it in SEVIS. *Please note that requests may take up to two weeks for processing.*
- **If you accumulate 90-days of unemployment, your SEVIS record will be terminated.**
- We recommend keeping proper documentation for each job you hold, which verifies dates of employment, job description and title, as well as supervisor contact information (Examples: pay stubs, W-2, tax returns).

# Travel and Reentry on Post-Completion OPT

Travel outside of the U.S. without your EAD and proof of employment is a risk. It's strongly recommended that you do not travel while your I-765 is pending with USCIS as it could be deemed as abandoning your request.

Once you OPT has been authorized by USCIS, if you choose to travel outside of the U.S., upon reentry you must be prepared to show the following documents:

- Valid passport with an expiration date that is at least 6-months into the future
- Valid, unexpired F-1 visa (*the EAD is **not** a travel document*)
- Valid Travel Signature on OPT I-20 (OPT travel signatures are only valid for 6-months)
- Employment Authorization Document (EAD card)
- Proof of employment (e.g. initial offer letter, pay stubs, employment verification letter)

If you need to renew your F-1 visa while traveling outside of the U.S., in addition to your immigration documents, it is recommended that you have your EAD and proof of employment readily available. ***It is at the discretion of the U.S. Consulate to grant you a student visa and CBP to allow re-entry to the United States.***

★ Students who have received their EAD cards, but have not found employment could encounter difficulties when re-entering the US.

# Invalidating Your OPT

Your OPT authorization may be cancelled or invalidated if you:

- Start a new degree program
- Transfer to another institution
- Change or end your status
- Enter the U.S. using any visa other than F-1
- Violate your F-1 nonimmigrant status
- Are unemployed for more than 90 days

★ **Contact your VIS Advisor for instructions on how to proceed.**

# Ending Your F-1 Status

- You have a **60 day “grace period”** after the last day printed on your EAD card. During this time you must depart the U.S., transfer to another U.S. institution, or change your immigration status.
- Report your departure from the U.S. or change of immigration status by submitting the **Ending my F-1 Status** form in accessVIS.
- If you intend to transfer to another U.S. college or institution, submit the **Transfer Out** request in accessVIS. Once your SEVIS record has been released by SBU, your OPT authorization is cancelled and you are no longer authorized to work under OPT.

# Key Points & Reminders:

- The I-765, OPT application must be received by USCIS within **30 days of your OPT Form I-20 being issued** AND no more than **60 days following your program end date**.
- Travel outside of the U.S. while your I-765 Request for OPT is pending with USCIS is a risk and could jeopardize the approval of your application.
- You are **required** to report the receipt AND adjudication (i.e. approval/denial) of your I-765 Request of OPT to our office by submitting the **Pre/Post Completion OPT Reporting** form in accessVIS and uploading your Receipt Notice, Approval Notice (if applicable) and EAD card.
- You may not work until you **receive your EAD card** and you may only work **within the dates specified on your EAD**.
- You may **not accrue more than 90 days of unemployment** during Post-Completion OPT.
- Your employment while on OPT must be directly related to your **field of study** and **appropriate to your degree level**.
- A \$100 International Student Fee is assessed based on the issuance your I-20 recommending OPT, regardless of whether you use the OPT authorization or not. Failure to submit timely payment of this fee could result in the Bursar reporting your information to a collection agency.

# Contact Us!

<b>Senior Assistant Dean of IAPS</b>	<b>Lindsy Walker</b> Tel: (631) 632-1809 Email: lindsy.walker@stonybrook.edu	
<b>Director of VIS</b>	<b>Meghan Gambino</b> Tel: (631) 632-7045 Email: meghan.gambino@stonybrook.edu	
<b>Administrative Support</b>	<b>Elizabeth Brooke</b> Tel: (631)632-1140 email: elizabeth.brooke@stonybrook.edu	<b>Margaret Hartofilis</b> Tel: (631)632-7173 email: margaret.hartofilis@stonybrook.edu
<b>International Student Advisors</b>	<b>Tricia Simons Figuero</b> Tel: (631) 632-2933 Email: tricia.simonsfiguero@stonybrook.edu	<b>A / B / C / D / E / F / N</b>
	<b>Alison Eassa</b> Tel: (631)632-7036 email: alison.eassar@stonybrook.edu	<b>G / H / I / J / K</b>
	<b>Christos Kalesis</b> Tel: (631)632-7048 Email: christos.kalesis@stonybrook.edu	<b>L / M / O / P</b>
	<b>Jasmina Gradistanac</b> Tel: (631)632-1657 Email: jasmina.gradistanac@stonybrook.edu	<b>V / X / Y / Z</b>
	<b>Kelly Luquer</b> Tel: (631)632-7192 email: kelly.luquer@stonybrook.edu	<b>Q / R / S / T / U / W</b>