

# Optional Practical Training (OPT) Tutorial

*How to prepare your  
application materials for  
submission to the U.S.  
Citizenship and Immigration  
Service (USCIS).*

Berkeley International Office (BIO)  
2299 Piedmont Avenue  
Berkeley, CA 94720  
(510) 642-2818

<http://internationaloffice.berkeley.edu>

# OPT Tutorial Outline

- [What is OPT, OPT Eligibility Requirements, Application Process Overview](#)
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# What is OPT?

Optional Practical Training is an F-1 student employment benefit that allows for off campus work authorization in a student's major field of study.

Students must be in full-time F-1 status for at least one academic year.\*

\* Some students who change visa status to F-1 and who have been continuously enrolled in a full-time degree program for at least 1 academic year may qualify for OPT prior to 1 year in F-1 status.

# Are you eligible for OPT?

## Pre-Completion OPT

For most students, Curricular Practical Training (CPT) is a better option. It allows for off-campus work authorization in your field of study without using any of the 12 months of OPT time. See our web site for a detailed description of [Curricular Practical Training](#).

*You do NOT need to have a job offer to apply for OPT. The authorization is based on your program completion, not a specific employer. See [the OPT FAQ](#) webpage for more commonly asked questions.*

## Post-Completion OPT

*Have you been continuously in a valid student status for one academic year?*

At UC Berkeley, one academic year means enrollment for consecutive:

- Fall – Spring semesters
- Spring – Fall semesters
- Spring – Summer (enrollment through August, not Summer A or E only) semesters
- Summer (minimum of 12 units) – Fall semesters

*Will you be completing your program of study at UC Berkeley in the next 90 days?*

The application for OPT cannot be submitted more than 90 days before your program completion date.

# Are you eligible for OPT?

## CPT Usage

- If you have used 1 year or more of full-time Curricular Practical Training (CPT), during your current degree level, then you do not qualify for OPT.
- Part-time CPT does not count towards OPT disqualification.
- Note that heavy CPT usage either part-time or full-time can cause your OPT application to be subject to additional scrutiny. Be prepared to provide evidence of all prior CPT I-20s, as well as the academic work related to your CPT.

# Types of Qualifying Employment

During your 12 month OPT period, OPT employment must be a minimum of 20 hours per week in a job that is directly related to your degree program. The burden of proof is on the student to demonstrate the relationship. The types of employment allowed during the initial 12-month period of OPT include:

- Paid employment
- Multiple employers
- Work for hire (commonly referred to as 1099 employment)
- Self-employed business owner
- Employment through an agency
- Unpaid / Volunteer employment

*See the [OPT Qualifying Employment](#) web page for a detailed explanation of each category.*

# Application Process Overview

## 1. Request an OPT I-20

The I-20 will be ready for pickup 3 business days after submitting the OPT request form and Post-Completion Services Fee payment to Berkeley International Office.

## 2. Prepare and mail your application materials

Allow approximately 1 week to gather and organize the required documents. *After USCIS has received your application, allow approximately 90 days for processing. Average processing is 90 days, but processing can take longer in some cases.*

## 3. Receive the Employment Authorization Document (EAD)

# Step 1: Request your OPT I-20

## Complete the [OPT Request Form \[pdf\]](#) :

- Confirm your expected program completion date.
- Get the required signature from your academic advisor.
- Choose your OPT start date.
- Pay/prepare your \$100 Post-Completion Services Fee to Berkeley International Office via credit/debit card, check, or money order (no cash). Attach proof of payment to OPT Request form.
- **Credit/Debit Card:** [Pay online. Find link on our OPT webpage.](#) You must print your receipt/proof of payment and attach it to your OPT I-20 Request form.
- **Check or Money Order:** Make check or money order payable to order of "UC Regents" and write your Student ID Number in the notes/memo section; attach your check or money order to the OPT I-20 Request form.

***OPT Requests without proof of payment will not be accepted***

internationaloffice.berkeley.edu		Berkeley INTERNATIONAL OFFICE	
<b>Optional Practical Training Request Form</b>			
To request an OPT I-20, you must submit to Berkeley International Office:			
<ul style="list-style-type: none"> <li>• This form completed and signed by you and your Academic Advisor (original signature required).</li> <li>• Post-Completion Services Fee payment: Attach \$100 check or money order made payable to "UC Regents."</li> </ul>			
<small>Your new OPT I-20 will be ready for pick up 3 business days after submitting this form. USCIS must receive your complete OPT application within 30 days of the new OPT I-20 being issued.</small>			
Family Name:		Given Name:	
UCB ID:		I-20 Program End Date :	
Email address you will use after graduation:		Telephone:	
Have you been authorized for OPT in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes - From : _____ To : _____			
If you have been authorized for OPT in the past, on which degree level was it based? <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D.			
When do you expect to graduate? Semester: _____ Year: _____		Are you currently employed on campus? <input type="checkbox"/> No <input type="checkbox"/> Yes - Until : _____	
Requested OPT Authorization Dates:		*Start Date : _____ End Date : _____ <small>*Start date must be within 60 days of your program completion date.</small>	
<input type="checkbox"/> I understand the responsibilities required for maintaining F-1 status during my period of OPT authorization as stated on the reverse and in the OPT Application Guide ( <a href="http://internationaloffice.berkeley.edu/students/training/f-1/opt">http://internationaloffice.berkeley.edu/students/training/f-1/opt</a> )			
Signature of Student:		Date:	
Student's Major:		Second Major (if applicable):	
Is student registered in current term? <input type="checkbox"/> Yes <input type="checkbox"/> No		Level of Study: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D	
When is student expected to complete all degree requirements? Semester: _____ Year: _____		Will the student have completed all coursework requirements for the degree by the start date of OPT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate students only: Has student applied for filing fee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When is student expected to file their thesis? Date : _____			
<small>*I confirm that the information provided in this section is true and correct. I would like to recommend that this student be allowed to obtain Optional Practical Training in order to secure a position in his/her field of study.</small>			
Optional Comments :			
Advisor's Name:			
Department :			
Signature:		Telephone:	
<b>For BIO use only</b> PAID <input type="checkbox"/> NOT PAID <input type="checkbox"/>			
Payment type: Check <input type="checkbox"/> Money Order <input type="checkbox"/>		Payer: Student <input type="checkbox"/> Other <input type="checkbox"/>	
# _____		If other, name: _____	



# Choose your OPT start & end date

- Your OPT start date is the date that your 12 months of work authorization begins.
- Your OPT start date must be within the 60-day grace period after the program completion date.
- The requested start & end dates will be noted on page 2 of the new OPT I-20.
- The end date will usually be 1 year from your start date (*i.e. a July 2 start date will have a July 1 end date.*)

## NOTE:

Once USCIS receives the OPT application, it is not possible to change the requested start and end dates.



[internationaloffice.berkeley.edu](http://internationaloffice.berkeley.edu)

### Optional Practical Training Request Form

**To request an OPT I-20, you must submit to Berkeley International Office:**

- This form completed and signed by you and your Academic Advisor (original signature required).
- Post-Completion Services Fee payment: Attach \$100 check or money order made payable to "UC Regents."

Your new OPT I-20 will be ready for pick up 3 business days after submitting this form.  
USCIS must receive your complete OPT application within 30 days of the new OPT I-20 being issued.

Family Name:		Given Name:	
UCB ID:		I-20 Program End Date :	
Email address you will use after graduation:		Telephone:	
Have you been authorized for OPT in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes - From : _____ To : _____			
If you have been authorized for OPT in the past, on which degree level was it based? <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D.			
When do you expect to graduate? Semester: _____ Year: _____		Are you currently employed on campus? <input type="checkbox"/> NO <input type="checkbox"/> Yes - Until : _____	
Requested OPT Authorization Dates:		*Start Date : _____ End Date : _____ <small>*Start date must be within 60 days of your program completion date.</small>	
<input type="checkbox"/> I understand the responsibilities required for maintaining F-1 status during my period of OPT authorization as stated on the reverse and in the OPT Application Guide ( <a href="http://internationaloffice.berkeley.edu/students/training/f-1/opt">http://internationaloffice.berkeley.edu/students/training/f-1/opt</a> )			
Signature of Student:		Date:	
<b>Academic Recommendation</b>  This section must be completed by your academic advisor.  <b>Undergraduates =</b> College Advisor or Department Advisor  <b>Graduates =</b> Faculty Advisor or Graduate Student Affairs Officer	Student's Major:	Second Major (if applicable):	
	Is student registered in current term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level of Study: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D.	
	When is student expected to complete all degree requirements? Semester: _____ Year: _____	Will the student have completed all coursework requirements for the degree by the start date of OPT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate students only: Has student applied for filing fee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	When is student expected to file their thesis? Date : _____		
	"I confirm that the information provided in this section is true and correct. I would like to recommend that this student be allowed to obtain Optional Practical Training in order to secure a position in his/her field of study."  Optional Comments : _____		
Advisor's Name:			
Department :			
Signature:		Telephone:	
<b>For BIO use only</b> PAID <input type="checkbox"/> NOT PAID <input type="checkbox"/> Payment type: Check <input type="checkbox"/> Money Order <input type="checkbox"/> Payer: Student <input type="checkbox"/> Other <input type="checkbox"/> # _____ If other, name: _____			

# Obtain Academic Recommendation and signature

## Undergraduates:

- Obtain the signature from a College Advisor, (i.e. College of Letters and Science) or Department Advisor.
- Expected completion/graduation = The last day of the semester in which program requirements are completed.

## Graduates:

- Obtain the signature from a Faculty Advisor or Graduate Student Affairs Officer (GSAO).
- Expected completion = The last day of the semester in which program requirements are completed, **OR** The date the thesis or dissertation is filed with the Graduate Division.

Speak with a BIO advisor if you have a job offer beginning before the last day of the semester. Graduate students who only have a dissertation/thesis remaining may be eligible to begin their post-completion OPT before filing.

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- This form completed and signed by you and your Academic Advisor (original signature required).
- Post-Completion Services Fee payment: Attach \$100 check or money order made payable to "UC Regents."

*Your new OPT I-20 will be ready for pick up 3 business days after submitting this form.  
USCIS must receive your complete OPT application within 30 days of the new OPT I-20 being issued.*

Family Name:		Given Name:	
UCB ID:		I-20 Program End Date :	
Email address you will use after graduation:		Telephone:	
Have you been authorized for OPT in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes - From : _____ To : _____			
If you have been authorized for OPT in the past, on which degree level was it based? <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D.			
When do you expect to graduate? Semester: _____ Year: _____		Are you currently employed on campus? <input type="checkbox"/> No <input type="checkbox"/> Yes - Until : _____	
Requested OPT Authorization Dates:		*Start Date : _____ End Date : _____ <small>*Start date must be within 60 days of your program completion date.</small>	
<input type="checkbox"/> I understand the responsibilities required for maintaining F-1 status during my period of OPT authorization as stated on the reverse and in the OPT Application Guide ( <a href="http://internationaloffice.berkeley.edu/students/training/f-1/opt">http://internationaloffice.berkeley.edu/students/training/f-1/opt</a> )			
Signature of Student:		Date:	

<b>Academic Recommendation</b>  This section must be completed by your academic advisor.  Undergraduates - College Advisor or Department Advisor  Graduates - Faculty Advisor or Graduate Student Affairs Officer	Student's Major:	Second Major (if applicable):	
	Is student registered in current term? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D.		
	When is student expected to complete all degree requirements? Semester: _____ Year: _____		Will the student have completed all coursework requirements for the degree by the start date of OPT? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Graduate students only: Has student applied for filing fee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	When is student expected to file their thesis? Date : _____		

*"I confirm that the information provided in this section is true and correct. I would like to recommend that this student be allowed to obtain Optional Practical Training in order to secure a position in his/her field of study."*

Optional Comments:

Advisor's Name:			
Department :			
Signature:		Telephone:	

**For BIO use only** PAID ☐ NOT PAID ☐

Payment type: Check ☐ Money Order ☐ Payer: Student ☐ Other ☐

# \_\_\_\_\_ If other, name: \_\_\_\_\_

# Program completion: Undergrads Completing in Summer Session

To qualify for a **summer** completion date, students must:

- Have a final course requirement to be completed in summer.
- Be enrolled full time during Summer Session or receive [Reduced Course Load](#) approval from BIO for final term.
- Use the end date of your specific Summer Session as your program completion date (i.e. Summer Session A end date),  
**OR**
- Use the general Summer Session end date (i.e. last date of Summer Session E).
- If you have only been enrolled for 1 previous semester (Spring) and are completing in your second semester-Summer, you must be enrolled through August, the end of the Summer term. You cannot meet OPT eligibility if only enrolling in Summer Session A or E alone.

**Note:** If summer is your final semester, any on-campus employment or Curricular Practical Training is limited to 20 hours per week.



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Your new OPT I-20 will be ready for pick up 3 business days after submitting this form.  
USCIS must receive your complete OPT application within 30 days of the new OPT I-20 being issued.

Family Name:		Given Name:	
UCB ID:		I-20 Program End Date :	
Email address you will use after graduation:			Telephone:
Have you been authorized for OPT in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes - From : _____ To : _____			
If you have been authorized for OPT in the past, on which degree level was it based? <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D.			
When do you expect to graduate? Semester: _____ Year: _____		Are you currently employed on campus? <input type="checkbox"/> No <input type="checkbox"/> Yes - Until : _____	
Requested OPT Authorization Dates:		*Start Date : _____ End Date : _____ <small>*Start date must be within 60 days of your program completion date.</small>	
<input type="checkbox"/> I understand the responsibilities required for maintaining F-1 status during my period of OPT authorization as stated on the reverse and in the OPT Application Guide ( <a href="http://internationaloffice.berkeley.edu/students/training/f-1/opt">http://internationaloffice.berkeley.edu/students/training/f-1/opt</a> )			
Signature of Student:		Date:	
Student's Major:		Second Major (if applicable):	
Is student registered in current term? <input type="checkbox"/> Yes <input type="checkbox"/> No		Level of Study: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D	
When is student expected to complete all degree requirements? Semester: _____ Year: _____		Will the student have completed all coursework requirements for the degree by the start date of OPT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate students only: Has student applied for filing fee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When is student expected to file their thesis? Date : _____			
<p><b>Undergraduates = College Advisor or Department Advisor</b></p> <p><b>Graduates = Faculty Advisor or Graduate Student Affairs Officer</b></p> <p><i>"I confirm that the information provided in this section is true and correct. I would like to recommend that this student be allowed to obtain Optional Practical Training in order to secure a position in his/her field of study."</i></p> <p>Optional Comments :</p>			
Advisor's Name:			
Department :			
Signature:		Telephone:	
<p><b>For BIO use only</b> PAID <input type="checkbox"/> NOT PAID <input type="checkbox"/></p> <p>Payment type: Check <input type="checkbox"/> Money Order <input type="checkbox"/> Payer: Student <input type="checkbox"/> Other <input type="checkbox"/></p> <p># _____ If other, name: _____</p>			

# Summer Program Completion: Graduate Students Filing Thesis/Dissertation May Through August

\*Please speak with a BIO advisor about your program completion date and choosing an OPT start date.

## Option 1

- Use Spring Semester program completion date\*
- No summer enrollment required
- Degree conferred in Summer
- OPT start date must be within 60 days of Spring Semester program completion date

## Option 2

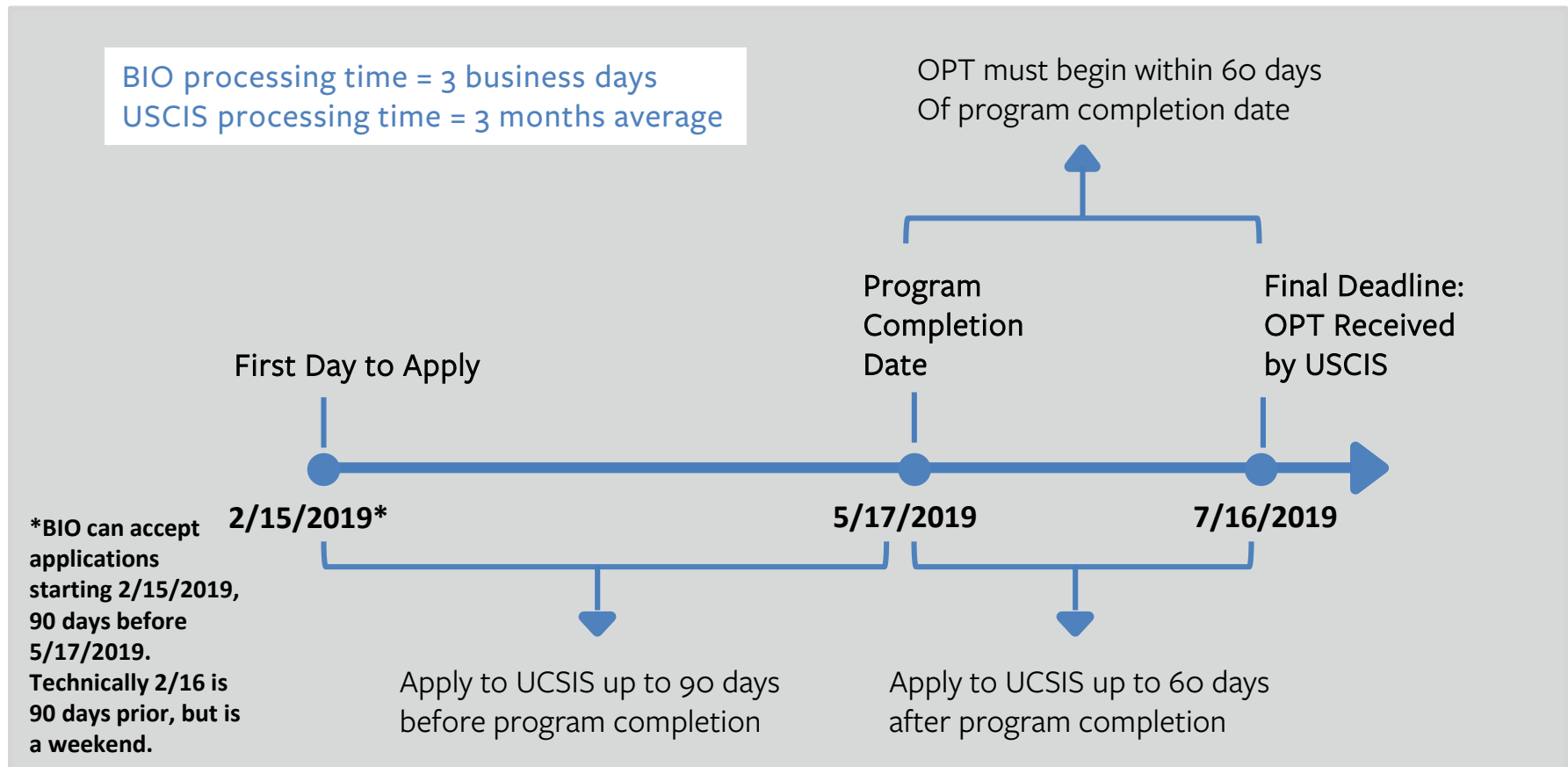
- Use Summer Session program completion date\*
- Enrollment for Summer Session required (no unit minimum)
- Degree conferred in Summer
- OPT start date must be within 60 days of Summer program completion date

## Option 3

- Use Fall Semester completion date\*
- Be on Fall Filing Fee and submit thesis/dissertation after Summer Session end date
- Degree conferred in Fall
- OPT start date needs to be within 60 days of Fall program completion date

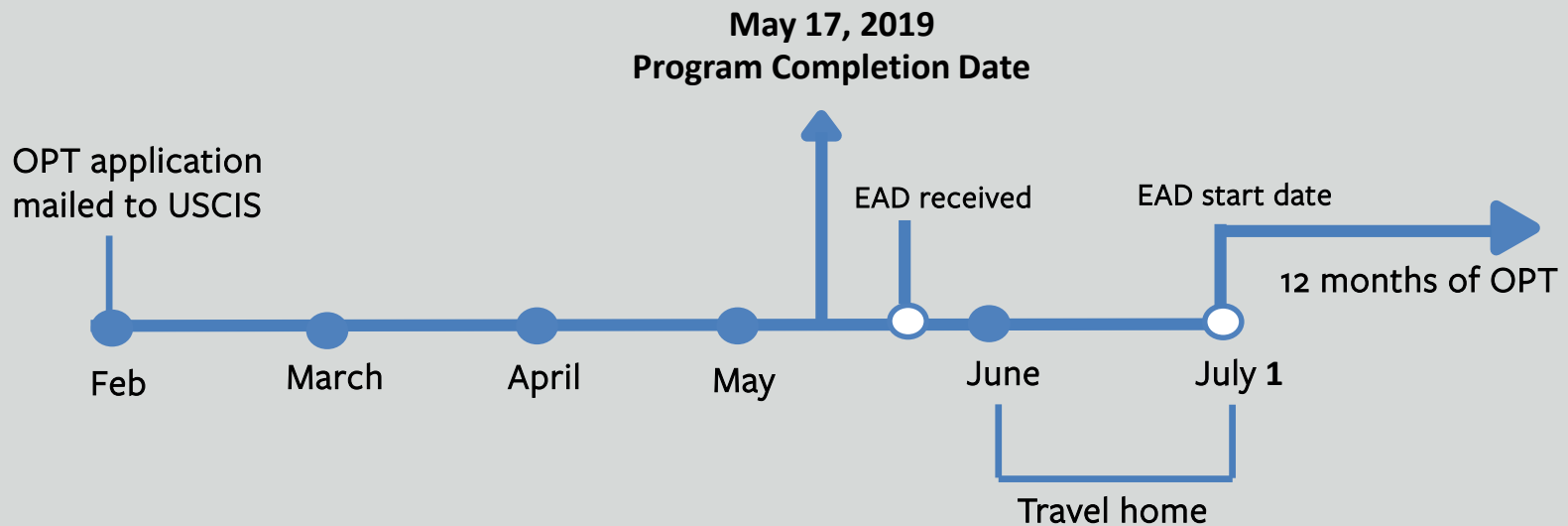
# OPT Application Timeline:

(Example based on May 17, 2019 program completion)



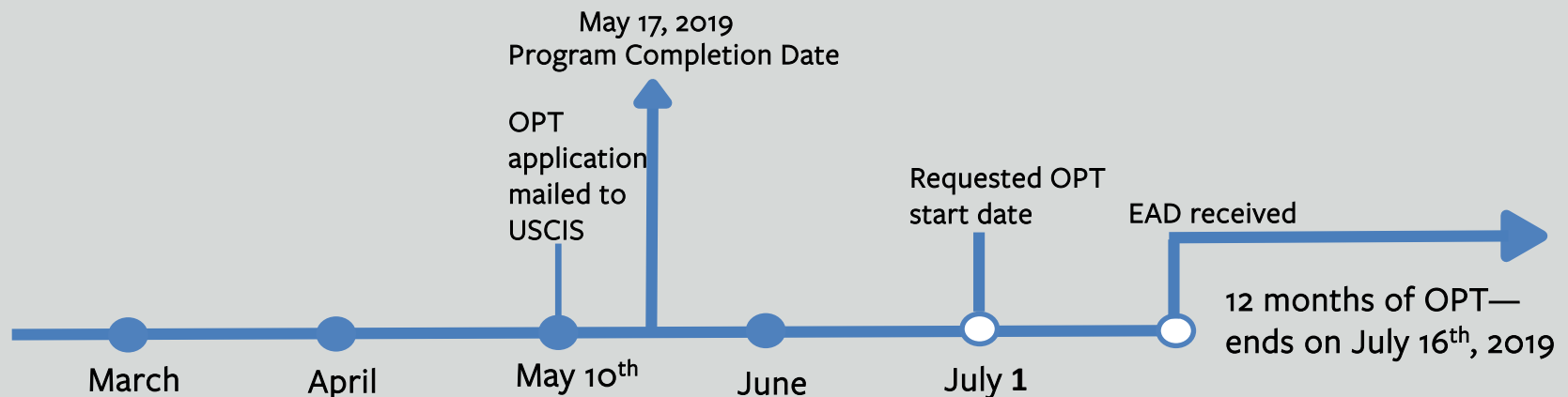
# Scenario 1: Spring Program Completion

On Feb. 19<sup>th</sup>, 2019, Sue mails her application for OPT to the USCIS. She is completing her program on May 17<sup>th</sup> and chooses July 1<sup>st</sup> as the OPT start date because she has a job offer beginning that day. She receives the EAD on May 19<sup>th</sup>. Her employer is pleased to see proof of the work permission early even though she cannot start working until July 1<sup>st</sup>, as noted on the EAD. Sue decides to go home for one Month to celebrate her program completion.



## Scenario 2: Spring Program Completion

George is busy with his final semester, and receives a job offer with a start date of July 10<sup>th</sup>. He requests July 10<sup>th</sup> as his start date, and submits his OPT application to USCIS on May 10<sup>th</sup>. On July 10<sup>th</sup>, George still hasn't received his EAD, so he can't work. George receives his EAD on August 10<sup>th</sup> and it expires the following year on July 16<sup>th</sup>. George has lost 1 month of his 12 month OPT because his application was approved after the latest available OPT start date.



# Check your OPT I-20 for accuracy

I-20, Page 1

After receiving your OPT I-20, notify BIO immediately if there are any errors.

## Education Level

Education Level may have changed. (ex. PhD candidate decides to graduate with a Master's)

## Program End Date

Program completion date will be updated to the program completion date on the OPT request form.

(I-20 will remain valid through OPT authorization period on page 2 or the approved EAD card dates)

## School Attestation

Make sure there is a BIO advisor signature. Check the DATE ISSUED– USCIS must receive your application within 30 days of this date.

## Student Attestation

You should sign & date I-20. Students 18 and over do not need a parent's signature.

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: N			
SURNAME/PRIMARY NAME	GIVEN NAME	CLASS	
PREFERRED NAME	PASSPORT NAME	<b>F-1</b>	
COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	ACADEMIC AND LANGUAGE	
DATE OF BIRTH	ADMISSION NUMBER		
FORM ISSUE REASON	LEGACY NAME		
SCHOOL INFORMATION			
SCHOOL NAME		SCHOOL ADDRESS	
University of California at Berkeley		Berkeley International Office, Berkeley, CA 94720	
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL		SCHOOL CODE AND APPROVAL DATE	
		SFR214F00615000	
International Student & Scholar Advisor		27 JANUARY 2003	
PROGRAM OF STUDY			
EDUCATION LEVEL	MAJOR 1	MAJOR 2	
DOCTORATE	Political Science and Government, General 45.1001	None 00.0000	
NORMAL PROGRAM LENGTH	PROGRAM ENGLISH PROFICIENCY	ENGLISH PROFICIENCY NOTES	
24 Months	Required	Student is proficient	
PROGRAM START DATE	PROGRAM END DATE		
21 JANUARY 2014	18 DECEMBER 2015		
FINANCIALS			
ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 30,903	Personal Funds	\$ 0
Living Expenses	\$ 18,000	Dept. Support	\$ 49,903
Expenses of Dependents (0)	\$ 0	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 48,903	TOTAL	\$ 48,903
REMARKS			
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 all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(i)(6). I am a designated school official of the above named school and am authorized to issue this form.			
X <i>Advisor Signature</i>		DATE ISSUED	PLACE ISSUED
SIGNATURE OF: International Student		05 October 2015	Berkeley, CA
STUDENT ATTESTATION			
I have read and agree 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 214.2(i)(6) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.			
X <i>Student Signature</i>		MM/DD/YYYY	
SIGNATURE OF:		DATE	
NAME OF PARENT OR GUARDIAN		ADDRESS (city/state or province/country)	
SIGNATURE		DATE	



# Check your OPT I-20 for accuracy

I-20, Page 2

OPT start and end dates requested  
(OPT start date may be adjusted in SEVIS if USCIS does not complete the processing of your OPT by the requested date. Apply at least 90 days before requested start date, if possible.)

You will receive a new travel signature at the time you request your OPT I-20.

Please note: USCIS must receive your application within 30 days of the DATE ISSUED date on PAGE 1, not the travel signature date. (The travel signature may be a later date.)

Department of Homeland Security U.S. Immigration and Customs Enforcement		I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1553-0038		
SEVIS ID: N00123456789 (F-1)		NAME: Wenyi Wang		
<b>EMPLOYMENT AUTHORIZATIONS</b>				
TYPE POST-COMPLETION OPT	FULL/PART-TIME FULL TIME	STATUS REQUESTED	START DATE 15 JUNE 2017	END DATE 14 JUNE 2018
CHANGE OF STATUS/CAP-GAP EXTENSION				
AUTHORIZED REDUCED COURSE LOAD				
<b>CURRENT SESSION DATES</b>				
CURRENT SESSION START DATE 17 JANUARY 2017		CURRENT SESSION END DATE 12 MAY 2017		
<b>TRAVEL ENDORSEMENT</b>				
This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.				
Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
Advisor Name	DSO   Berkeley, CA	X <i>Advisor Signature</i>	MM/DD/YYYY	
		X		
		X		

# **Step 2:**

## **Prepare & Mail Your Application Materials**

# Required documents for OPT application

- ☐ 2 U.S. Passport Photos (with name and I-94 number written lightly in pencil on back of each), taken within the past 30 days.
- ☐ USCIS Fee of **\$410**. Check, Money Order, or Credit Card payment made payable to: “U.S. Department of Homeland Security.” Write your SEVIS ID in the memo line.
- ☐ Form G-1145 to confirm receipt and obtain case number in advance of paper notification: <http://www.uscis.gov/files/form/g-1145.pdf>.
- ☐ Original form I-765: <http://www.uscis.gov>
- ☐ Copy of OPT I-20 (pages 1-3) issued by BIO within the past 30 days. Don't forget to sign it!
- ☐ Copy of currently valid passport biographical page and F-1 visa stamp, if applicable.
- ☐ Copy of expired passport biographical page if you used that document to enter the U.S. most recently.
- ☐ Printout of electronic I-94 record (<https://i94.cbp.dhs.gov/i94/>) or copy of paper Form I-94 (both sides).
- ☐ Copies of **all** previous **CPT** I-20s (*from UCB and/or previous schools*), if applicable.
- ☐ Copies of **all** previous **OPT** I-20s and **EAD** card(s) (*from UCB and/or previous schools*), if applicable.

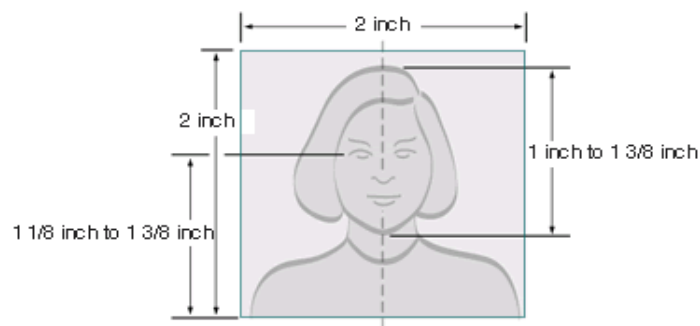
No documents are required for F-2 dependents.

# Gather the required documentation

## Passport Photo Requirements

The photos required to use for the OPT application must meet the specifications of U.S. style passport photos. To see a full description of these specifications, go to the [U.S. Department of State](https://www.state.gov/passportphotos/) website.

- Submit 2 identical color passport photos taken within 30 days of filing your application. The photos must have a white to off-white background, be printed on thin paper with a glossy finish, and be unmounted and unretouched. The passport-style photos must be 2" by 2". You must remove your glasses and your head must be bare unless you are wearing headwear as required by a religious order of which you are a member.
- Using pencil or felt pen, lightly print your name and I-94 number on the back of the photo. Do not damage the photo surface by pressing hard while writing.



## Professional Photography

USCIS has been examining passport photos more strictly. BIO recommends students have their photos taken professionally. Recently, students have been visiting the following locations to obtain their photos.

### Metro Publishing

2440 Bancroft Way  
Berkeley, CA 94704

<http://www.yelp.com/biz/metro-publishing-berkeley>

### Foto Shop

131 Berkeley Sq  
Berkeley, CA 94704

<http://www.yelp.com/biz/foto-shop-berkeley>

# Gather the required documentation

## Check, Money Order, or Credit Card:

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

Money orders and cashier checks should include the same information as a personal check.

# Gather the required documentation

## Form G-1145

- Attach to the top of the OPT Application Packet
- Use this form to request text and email notification(s) regarding your application. Download the form at <http://www.uscis.gov/files/form/g-1145.pdf>


### WARNING!

USCIS will rarely contact you by phone regarding the status of your OPT application.

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

e-Notification of Application/Petition Acceptance

USCIS  
Form G-1145  
OMB No. 1615-0109  
Expires 09/30/2014

 Department of Homeland Security  
U.S. Citizenship and Immigration Services

**What Is the Purpose of This Form?**

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.

**General Information**

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.

**USCIS Privacy Act Statement**

**AUTHORITIES:** The information requested on this form, and the associated evidence, is collected under the Immigration and Nationality Act, section 101, et seq.

**PURPOSE:** The primary purpose for providing the requested information on this form is to determine if you have established eligibility for the immigration benefit for which you are filing. The information you provide will be used to grant or deny the benefit sought.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your form.

**ROUTINE USES:** The information you provide on this form may be shared with other Federal, State, local, and foreign government agencies and authorized organizations following approved routine uses described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File, Index, and National File Tracking System of Records, which can be found at [www.dhs.gov/privacy](http://www.dhs.gov/privacy)]. The information may also be made available, as appropriate, for law enforcement purposes or in the interest of national security.

**Paperwork Reduction Act**

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. Do not mail your completed Form G-1145 to this address.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
E-mail Address		Mobile Phone Number (Text Message)

Form G-1145 02/28/13 Page 1 of 1



# Form I-765

## How to fill out Form I-765

- Type or print legibly in in black ink.
- Answer all questions fully and accurately.
- If a question does not apply to you, type or print “N/A”
- Print and complete ALL pages 1-7. If any pages are missing, your application will be rejected!

Some parts of the I-765 can be confusing. The following slides will help you complete those “tricky” questions. Contact BIO with ANY questions or uncertainties about completing the I-765.

*Note: In mid-July 2018, the current version of the I-765 was updated. This tutorial reflects the newest version.*

		<b>Application for Employment Authorization</b> Department of Homeland Security U.S. Citizenship and Immigration Services		<b>USCIS</b> Form I-765 <small>OMB No. 1617-0040</small> <small>Expires 05/31/2020</small>
<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization Extension Valid From _____	<b>Fee Stamp</b>	<b>Action Block</b>	
	<input type="checkbox"/> Authorization Extension Valid Through _____			
	Alien Registration Number A- _____ Remarks _____			
<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>			<input type="checkbox"/> Select this box if Form G-28 is attached.	
<b>Attorney or Accredited Representative</b> USCIS Account Number (if any) _____				
<b>▶ START HERE - Type or print in black ink.</b>				
<b>Part 1. Reason for Applying</b>				
<b>I am applying for (select only one box):</b>				
<b>1.a.</b> <input type="checkbox"/> Initial permission to accept employment.				
<b>1.b.</b> <input type="checkbox"/> Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document <b>NOT DUE</b> to U.S. Citizenship and Immigration Services (USCIS) error.				
<b>NOTE:</b> Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to <b>Replacement for Card Error in the What is the Filing Fee</b> section of the Form I-765 Instructions for further details.				
<b>1.c.</b> <input type="checkbox"/> Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)				
<b>Part 2. Information About You</b>				
<i>Your Full Legal Name</i> _____				
<b>Part 2. Information About You (continued)</b>				
<b>Your U.S. Mailing Address</b>				
<b>1.a.</b> Is Care Of Name (if any) _____				
<b>1.b.</b> Street Number and Name _____				
<b>1.c.</b> <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. _____				
<b>1.d.</b> City or Town _____				
<b>1.e.</b> State _____ <b>1.f.</b> ZIP Code _____ <small><a href="#">USPS ZIP Code Lookup</a></small>				
<b>1.g.</b> Is your current mailing address the same as your physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>NOTE:</b> If you answered "No" to Item Number 6, provide your physical address below.				
<b>U.S. Physical Address</b>				
<b>2.a.</b> Street Number and Name _____				
<b>2.b.</b> <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. _____				
<b>2.c.</b> City or Town _____				
<b>2.d.</b> State _____ <b>2.e.</b> ZIP Code _____				
<b>Other Information</b>				
<b>3.</b> Alien Registration Number (A-Number) (if any) <b>▶</b> A- _____				
<b>3.</b> USCIS Online Account Number (if any) <b>▶</b> _____				
<b>3.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female				
<b>3.</b> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
<b>3.</b> Have you previously filed Form I-765? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>3.a.</b> Has the Social Security Administration (SSA) ever				
<b>3.b.</b> Provided your Social Security number (SSN) (if known) <b>▶</b> _____				
<b>3.c.</b> Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15. <b>Consent for Disclosure:</b> to receive a card.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>3.d.</b> If you answered "No" to Item Number 14, skip to <b>Part 2, Item Number 18.a.</b> If you answered "Yes" to Item Number 14, you must also answer "Yes" to Item Number 15.				
<b>3.e.</b> <b>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 type="checkbox"/> Yes <input type="checkbox"/> No				
<b>NOTE:</b> If you answered "Yes" to Item Numbers 14- 15, provide the information requested in Item Numbers 18.a- 17.b.				
<b>Foreign Name</b>				
<b>3.f.</b> Provide your father's birth name.				
<b>3.g.</b> Family Name (Last Name) _____				
<b>3.h.</b> Given Name (First Name) _____				
<b>3.i.</b> Middle Name _____				
<b>3.j.</b> Family Name (Last Name) _____				
<b>3.k.</b> Given Name (First Name) _____				
<b>3.l.</b> Middle Name _____				
<b>3.m.</b> Family Name (Last Name) _____				
<b>3.n.</b> Given Name (First Name) _____				
<b>3.o.</b> Middle Name _____				
<b>3.p.</b> Family Name (Last Name) _____				
<b>3.q.</b> Given Name (First Name) _____				
<b>3.r.</b> Middle Name _____				
<b>3.s.</b> Family Name (Last Name) _____				
<b>3.t.</b> Given Name (First Name) _____				
<b>3.u.</b> Middle Name _____				
<b>3.v.</b> Family Name (Last Name) _____				
<b>3.w.</b> Given Name (First Name) _____				
<b>3.x.</b> Middle Name _____				
<b>3.y.</b> Family Name (Last Name) _____				
<b>3.z.</b> Given Name (First Name) _____				
<b>3.aa.</b> Middle Name _____				
<b>3.ab.</b> Family Name (Last Name) _____				
<b>3.ac.</b> Given Name (First Name) _____				
<b>3.ad.</b> Middle Name _____				
<b>3.ae.</b> Family Name (Last Name) _____				
<b>3.af.</b> Given Name (First Name) _____				
<b>3.ag.</b> Middle Name _____				
<b>3.ah.</b> Family Name (Last Name) _____				
<b>3.ai.</b> Given Name (First Name) _____				
<b>3.aj.</b> Middle Name _____				
<b>3.ak.</b> Family Name (Last Name) _____				
<b>3.al.</b> Given Name (First Name) _____				
<b>3.am.</b> Middle Name _____				
<b>3.an.</b> Family Name (Last Name) _____				
<b>3.ao.</b> Given Name (First Name) _____				
<b>3.ap.</b> Middle Name _____				
<b>3.aq.</b> Family Name (Last Name) _____				
<b>3.ar.</b> Given Name (First Name) _____				
<b>3.as.</b> Middle Name _____				

# Complete the Form I-765

**Top Portion:** leave this entire section blank

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through		
	Alien Registration Number A-	Leave blank	
	Remarks		
To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).		<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any)

► **START HERE - Type or print in black ink.**

## Part 1. Reason for Applying

I am applying for (select only one box):

- I.a. ☒ Initial permission to accept employment.
- I.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

**NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

- I.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

PART 1. Reason for Applying, pg. 1

Check the “**1.a.**” box for “Initial Permission to accept employment.”



# Complete the Form I-765

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

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

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

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

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

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

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)

FAMILY NAME

1.b. Given Name (First Name)

First Name

1.c. Middle Name

N/A

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6.

Additional Information.

2.a. Family Name (Last Name)

N/A

2.b. Given Name (First Name)

N/A

2.c. Middle Name

N/A

3.a. Family Name (Last Name)

N/A

3.b. Given Name (First Name)

N/A

3.c. Middle Name

N/A

4.a. Family Name (Last Name)

N/A

4.b. Given Name (First Name)

N/A

4.c. Middle Name

N/A

# Complete the Form I-765

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

### U.S. Mailing Address

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

The address should be valid for at least 3-5 months, the length of time it will take to process the application. If you have plans to move during this time, use a reliable friend or family member's address to receive the EAD (indicate this in #5.a.)

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

**#5.b-5.e** Write a valid mailing address in the U.S. It may be a residence, commercial address, or PO Box. *You may not use BIO's address.*

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

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

#### Your U.S. Mailing Address

5.a. In Care Of Name (if any)  
**Oski Bear (or N/A if this is your address)**

5.b. Street Number and Name  
**123 College Ave**

5.c. ☒ Apt. ☐ Ste. ☐ Flr. **8**

5.d. City or Town  
**Berkeley**

5.e. State **CA** 5.f. ZIP Code **94720**  
[\(USPS ZIP Code Lookup\)](#)

6. Is your current mailing address the same as your physical address?  
☐ Yes ☒ No

*If no, complete 7.a-7.d*

**NOTE:** If you answered "No" to Item Number 6., provide your physical address below.

#### U.S. Physical Address

7.a. Street Number and Name  
**987 Example Street**

7.b. ☒ Apt. ☐ Ste. ☐ Flr. **45A**

7.c. City or Town  
**Oakland**

7.d. State **CA** 7.e. ZIP Code **94604**

# Complete the Form I-765

PART 2, pg. 2, continued...

## Other Information

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

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

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

#12

Check “No” if you have never applied for an EAD.

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

**Note on 12:** This question does not apply to previous on-campus employment or CPT.

### Other Information

8.

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

▶ A-

Leave blank

9.

USCIS Online Account Number (if any)

▶

Leave blank

10.

Gender

☐ Male

☐ Female

11.

Marital Status

☒ Single

☐ Married

☐ Divorced

☐ Widowed

12.

Have you previously filed Form I-765?

☒ Yes

☐ No

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

# Complete the Form I-765

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

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

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

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

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

**#15-17.b.** Check “No” if you do **not** want a new or replacement SS card.

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

*If yes, complete 13.b.* ☒ Yes ☐ No  
*If no, skip to 14*

**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).

► 

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

**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.) *If no, skip to 18*  
*If yes, complete 15-17.b* ☐ 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)

# Complete the Form I-765

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

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

### #18 Countries of Citizenship, pg 2

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

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

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

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

#### ***Your Country or Countries of Citizenship or Nationality***

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

**18.a.** Country

**Australia**

**18.b.** Country

**N/A**

#### ***Place of Birth***

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

**19.a.** City/Town/Village of Birth

**Brisbane**

**19.b.** State/Province of Birth

**Queensland**

**19.c.** Country of Birth

**Australia**

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


**01/31/1998**

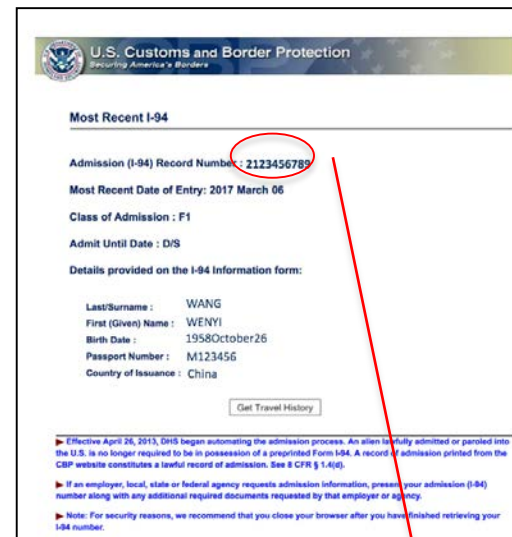
# Complete the Form I-765

PART 2, pg. 3 continued...

## Information About Your Last Arrival

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

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



U.S. Customs and Border Protection  
Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number: **2123456789**

Most Recent Date of Entry: 2017 March 06

Class of Admission: F1

Admit Until Date: D/S

Details provided on the I-94 Information form:

Last/Surname: WANG  
First (Given) Name: WENYI  
Birth Date: 1958October26  
Passport Number: M123456  
Country of Issuance: China

[Get Travel History](#)

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

► Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

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

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

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

### #21.c. Travel Document

Write "N/A" here.

## Information About Your Last Arrival in the United States

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

► 2 1 2 3 4 5 6 7 8 9

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

YG000954R

21.c. Travel Document Number (if any)

N/A

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

Australia

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

11/01/2022

# Complete the Form I-765

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

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

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

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

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

### #24 Immigration Status at Last Entry

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

### #25 Current Immigration Status

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

### #26 SEVIS ID

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

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 12/19/2017
23. Place of Your Last Arrival Into the United States SFR
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- 0023104289



# Complete the Form I-765

PART 2, pg. 3 continued...

## #27 Eligibility Category

Use the code **(C) (3) (B)** for *post-completion* OPT.

DO NOT USE a different code!

### Information About Your Eligibility Category

**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** )

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

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

**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**

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

**28.c. 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  
*Leave blank*

**NOTE:** If you answered “Yes” to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

**31.a. (c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

►

**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  
*Leave blank*

**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.



# Complete the Form I-765

## PART 3. Applicant's Statement, pg. 4

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

#3-6 Provide your information as requested

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

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

#### Applicant's Statement

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

- 1.a. ☒ 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.

# Complete the Form I-765

PART 3, pg. 4 continued...

## Applicant's Declaration and Certification

Read the entire declaration carefully.

## Applicant's Signature

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

### Important!

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

### Troubleshooting Signature Line:

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

You should remove the auto filled “Don’t forget to sign!”

### *Applicant's Declaration and Certification*

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

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS

### *Applicant's Signature*

7.a. Applicant's Signature



*Your signature here (don't touch the lines)*

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

MM/DD/YYYY

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

We recommend trying:

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

# Complete the Form I-765

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

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

### Part 4 pg. 4

#### 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)

N/A

1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name (if any)

N/A

### Part 4 pg. 5

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

##### Interpreter's Mailing Address

3.a. Street Number and Name

N/A

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

N/A

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  N/A, 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)

N/A

### Part 5 pg. 6

#### Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

##### Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. ☐ I am an attorney or accredited representative and my representation of the applicant in this case ☐ extends ☐ does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited ay need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

##### Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

##### Preparer's Signature

8.a. Preparer's Signature

N/A

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

N/A

# Complete the Form I-765

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

- most recently entered the US on a passport that is no longer valid and you now have a renewed passport
- have previously had other SEVIS IDs
- have ever been authorized for CPT or OPT

*If none of these apply to you, leave Page 7, Part 6 blank, but you must include it in your application. You are done with the I-765.*

# Complete the Form I-765

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

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

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

## PART 6, Additional Information, pg. 7

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

#2. Leave blank

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

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

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

### Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)   
 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.

# Complete the Form I-765

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

- have previously had other SEVIS IDs
- have ever been authorized for CPT or OPT

### PART 6, Additional Information, pg. 7

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

#2. Leave blank

#3.a.-3.c. Reference Pg. 3, Part 2, Item 27  
(If you already used sections 3.a.-3.d. use the next available section, 4a-d, etc.)

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

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

#### Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name  
(Last Name)

FAMILY NAME

1.b. Given Name  
(First Name)

First Name

1.c. Middle Name

N/A

2. A-Number (if any) ▶ A-

3.a. Page Number

3

3.b. Part Number

2

3.c. Item Number

27

3.d.

Previous SEVIS IDs: N0048798787, N0009898989, N0012345679 (these are examples only)

See attached documentation for previous CPT and OPT authorizations.

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

# Complete the Form I-765

IF YOU COMPLETED any part of PAGE 7, PART 6,  
you must add your signature and the date in the blank space at the bottom of page 7.

The diagram illustrates the signature and date area on Form I-765. It features a large rectangular box on the left with six horizontal lines for a signature. To its right is a smaller rectangular box with two horizontal lines for a date. A blue arrow points from the top of the signature box to the date box. Below the date box, a red-bordered rectangle contains the text "Oski Bear" in a blue script font and "August 1, 2018" in a black sans-serif font.

# Complete the Form I-765



You are done with the I-765!

1. Review all the information on the form for accuracy. You must submit **ALL 7 pages** of the I-765.
2. Make a copy of your completed I-765 application to keep for your records, in case there is a problem with the application.
3. Next, gather the required documentation and copies... see the following slides.



# Gather the required documentation

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

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

Department of Homeland Security U.S. Immigration and Customs Enforcement		I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038	
SEVIS ID: N			
SURNAME/PRIMARY NAME		GIVEN NAME	CLASS
PREFERRED NAME		PASSPORT NAME	<b>F-1</b> ACADEMIC AND LANGUAGE
COUNTRY OF BIRTH		COUNTRY OF CITIZENSHIP	
DATE OF BIRTH		ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE		LEGACY NAME	
SCHOOL INFORMATION			
SCHOOL NAME University of California at Berkeley University of California at Berkeley		SCHOOL ADDRESS Berkeley International Office, Berkeley, CA 94720	
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL		SCHOOL CODE AND APPROVAL DATE SFR214F00612000 27 JANUARY 2003	
International Student & Scholar Advisor			
PROGRAM OF STUDY			
EDUCATION LEVEL DOCTORATE	MAJOR 1 Political Science and Government, General 45.1001	MAJOR 2 None 00.0000	
NORMAL PROGRAM LENGTH 48 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	
PROGRAM START DATE 21 JANUARY 2014	PROGRAM END DATE 18 DECEMBER 2015		
FINANCIALS			
ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 30,903	Personal Funds	\$ 0
Living Expenses	\$ 18,000	Dept. Support	\$ 48,903
Expenses of Dependents (0)	\$ 0	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 48,903	TOTAL	\$ 48,903
REMARKS			
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 and 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 student's arrival. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student is eligible to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.			
SIGNATURE OF: Scholar Advisor	DATE ISSUED 05 October 2014	PLACE ISSUED Berkeley, CA	
STUDENT ATTESTATION			
I have read and agree 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.			
SIGNATURE OF: X	DATE		
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE
ICE Form I-20 (3/31/2018)			
Page 1 of 3			

## Photocopy of Passport and Visa:

- |  |                     |                     |
|--|---------------------|---------------------|
| P  | CNN                 | 14 3054123          |
| 姓名 Name in full  | 王 文 怡<br>WANG WENYI |                     |
| 性 别 Sex  | 男 Male / 女 Female   | 婚姻状况 Marital status |
| 学 生<br>STUDENT   |                     |                     |
| 出生日期 Date of birth   | 出生地点 Place of birth |                     |
| 1958.10.26<br>28 OCT 1958  | 吉林<br>JILIN         |                     |
| 有效期限 Date of expiry  | 2002.08.24          |                     |
| 身份证号码 Member card No.  |                     |                     |
| CHNWANG<<WENYI<<<<<<<<<<<<<<<<<<<<<<<<<<<<<br>541237CNN5810262F0208242192OUSAB<<<<<<70 |                     |                     |



## Gather the required documentation

### Photocopy of I-94 Information:

The I-94 can be *either*:

- An electronic I-94 record. Visit: [www.cbp.gov/i94](http://www.cbp.gov/i94) to access and print your record.
- OR**
- A paper I-94 card stapled into your passport. Include a copy of both sides, even though the back side may be blank.

**OR**

- A copy of an I-797 Change of Status Approval Notice which includes a new I-94.

**U.S. Customs and Border Protection**  
Securing America's Borders

**Most Recent I-94**

Admission (I-94) Record Number : 2123456789

Most Recent Date of Entry: 2017 March 06

Class of Admission : F1

Admit Until Date : D/S

Details provided on the I-94 Information form:

Last/Surname : WANG  
First (Given) Name : WENYI  
Birth Date : 1958October26  
Passport Number : M123456  
Country of Issuance : China

[Get Travel History](#)

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

► Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

### Electronic I-94 Record

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

Departure Record

Admission Number: 123456789 01

18. Family Name

19. First (Given) Name

20. Birth Date (DD/MM/YY)

21. Country of Citizenship

SEP 13 2006  
D/S

CBP Form I-94

Paper I-94 (front)

**Warning:** A nonimmigrant who accepts unauthorized employment is subject to deportation.

**Important:** Retain this permit in your possession; *you must surrender it when you leave the U.S.* Failure to do so may delay your entry into the U.S. in the future. You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from Department of Homeland Security authorities, is a violation of the law.

**Surrender this permit when you leave the U.S.:**

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 prior to surrendering this permit.

**Record of Changes**

Part: \_\_\_\_\_  
Date: \_\_\_\_\_  
Carrier: \_\_\_\_\_  
Flight # / Ship Name: \_\_\_\_\_

Departure Record

Paper I-94 (back)

# Gather the required documentation

## Photocopy of all previous OPT and CPT I-20s:

- Include copies of all previous CPT and OPT I-20s at UCB and previous schools.
- Old and new versions of the I-20 are acceptable.
- Copy **all 3 pages**.
- Keep the originals for your records.
- Copies of original I-20s are best, but you may need to request copies of any lost CPT/OPT I-20s.
  - UCB I-20s : request these from BIO when you turn in your OPT Request Form.
  - Previous School I-20s: contact them directly
- If you have never used CPT or OPT in the past, you do not need to include previous I-20s.

U.S. Department of Justice  
Immigration and Naturalization Service

Certificate of Eligibility for Nonimmigrant (F-1) Student Status - For Academic and Language Students. (DSB NO. 1155-001)

Page 1

Form read instructions on Page 2  
This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):  
First given Name: Middle Name:  
Country of birth: (Date of birth/mo/day/yr)  
Country of citizenship: Admission number:  
2. School (School district) name:  
University of California at Berkeley  
University of California at Berkeley  
School Official to be notified of student's arrival in U.S. (Name and Title):  
David Reardon  
Student Affairs Officer  
School address (include zip code):  
Services for International Students and  
CPT Programs  
Berkeley, CA 94720-3335  
International Student Support Office, 4001 and approval date:  
APR14P041000 approved on: 05/27/2015

3. This certificate is issued to the student named above for:  
INITIAL attendance at, while attending:  
4. Level of education the student is pursuing or will pursue in the United States:  
MASTERS  
5. The student named above has been accepted for a full course of study at this school, according to (219/219000 - Community and Regional Plan -  
The student is expected to report to the school no later than 08/28/2015,  
and complete studies not later than 12/23/2015. The normal length of  
study is 12 months.  
6. English proficiency:  
The student has the required English proficiency.  
7. This school estimates the student's average costs for an academic term of  
12 months (up to 12 months to be):  
a. Tuition and fees \$ 22,144.00  
b. Living expenses \$ 14,400.00  
c. Expenses of dependents (s) \$ 0.00  
d. Other (specify): \$ 0.00  
Total \$ 36,544.00  
8. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was  
and is true and correct. I warrant that the student named above is a bona fide student and that the student named above  
will be required to pursue a full course of study as defined by 8 CFR 214.2(c)(5)(i). I am a designated official of the school  
to issue this form.  
David Reardon Student Affairs Officer 05/27  
Name of School Official Signature of Designated School Official Title Date Issued  
9. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of  
page 2. I certify that all information provided on this form reflects specifically to me and is true and correct to the best  
of my knowledge. I am a bona fide student and that the student named above will be required to pursue a full course of study  
as defined by 8 CFR 214.2(c)(5)(i). I am a designated official of the school to issue this form.  
Name of Student Signature of Student  
Form I-20 A-B (Rev. 04-27-00) Microfilm Index

For Immigration Official Use  
This is a pool  
This Visa Based  
Religious, extension granted for:

SEVIS  
Student's Copy  
00001 44

Department of Homeland Security  
U.S. Immigration and Customs Enforcement  
SEVIS ID: N  
JUNNAME/PRIMARY NAME  
PREFERRED NAME  
COUNTRY OF BIRTH  
DATE OF BIRTH  
FORM ISSUE REASON  
CONTINUED ATTENDANCE  
SCHOOL INFORMATION  
SCHOOL NAME  
University of California at Berkeley  
University of California at Berkeley  
Reason for return: TO CONTACT UPON ARRIVAL  
International Student & Scholar Service  
PROGRAM OF STUDY  
EDUCATION LEVEL  
DOCTORATE  
NORMAL PROGRAM LENGTH  
18 Months  
PROGRAM START DATE  
15 January 2014  
FINANCIALS  
ESTIMATED AVERAGE COSTS FOR 12 MONTHS  
Tuition and Fees \$ 22,144  
Living Expenses \$ 14,400  
Expenses of dependents (s) \$ 0  
Other \$ 0  
TOTAL \$ 36,544  
REMARKS  
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 warrant that the student named above is a bona fide student and that the student named above will be required to pursue a full course of study as defined by 8 CFR 214.2(c)(5)(i). I am a designated official of the school to issue this form.  
SIGNATURE OF: International Student & Scholar Service DATE ISSUED: 05 October 2015 PLACE ISSUED: Berkeley, CA  
STUDENT ATTESTATION  
I have read and agreed to comply with the terms and conditions of my admission and those of my extension of stay. I certify that all information provided on this form  
reflects 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 lawfully, 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  
in accordance with 8 CFR 214.2(c)(5)(i) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.  
SIGNATURE OF: DATE  
NAME OF PARENT OR GUARDIAN SIGNATURE ADDRESS (city/state or previous/foreign) DATE

I-20, Certificate of Eligibility for Nonimmigrant Student Status  
OMB NO. 1653-0038  
CLASS  
F-1  
ACADEMIC AND  
LANGUAGE

MAJOR 1  
Political Science and Government,  
General: 45,1001  
MAJOR 2  
None 00,0000  
PROGRAM ENGLISH PROFICIENCY  
Required  
ENGLISH PROFICIENCY NOTES  
Student is proficient

ESTIMATED AVERAGE COSTS FOR 12 MONTHS  
Tuition and Fees \$ 22,144  
Living Expenses \$ 14,400  
Expenses of dependents (s) \$ 0  
Other \$ 0  
TOTAL \$ 36,544  
STUDENT'S FUNDING FOR 12 MONTHS  
Personal Funds \$ 0  
Sponsor \$ 40,000  
Funds from Another Source \$ 0  
On-Campus Employment \$ 0  
TOTAL \$ 40,000

Berkeley

UNIVERSITY OF CALIFORNIA

44

## 45



# The Application Deadline

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

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

*We recommend that you apply early.*

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: N			
SURNAME/PRIMARY NAME	GIVEN NAME	CLASS	
PREFERRED NAME	PASSPORT NAME	<b>F-1</b> ACADEMIC AND LANGUAGE	
COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP		
DATE OF BIRTH	ADMISSION NUMBER		
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME		
<b>SCHOOL INFORMATION</b>			
SCHOOL NAME University of California at Berkeley University of California at Berkeley SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL International Student & Scholar Advisor		SCHOOL ADDRESS Berkeley International Office, Berkeley, CA 94720  SCHOOL CODE AND APPROVAL DATE SFR214F00615000 27 JANUARY 2003	
<b>PROGRAM OF STUDY</b>			
EDUCATION LEVEL DOCTORATE	MAJOR 1 Political Science and Government, General 45.1001	MAJOR 2 None 00.0000	
NORMAL PROGRAM LENGTH 48 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	
PROGRAM START DATE 21 JANUARY 2014	PROGRAM END DATE 18 DECEMBER 2015		
<b>FINANCIALS</b>			
ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 30,903	Personal Funds	\$ 0
Living Expenses	\$ 18,000	Dept. Support	\$ 48,903
Expenses of Dependents (0)	\$ 0	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 48,903	TOTAL	\$ 48,903
<b>REMARKS</b>			
<b>SCHOOL ATTESTATION</b>			
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. I also certify that the school has determined that the above named student's qualifications meet all standards for admission to the school and the student is required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to sign this form.			
X SIGNATURE OF: Scholar Advisor	DATE ISSUED 05 October 2015	PLACE ISSUED Berkeley, CA	
<b>STUDENT ATTESTATION</b>			
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 SIGNATURE OF:	DATE		
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

ICE Form I-20 (3/31/2018)

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# Mailing the OPT Application from California

## USCIS Mailing Addresses *for people who live in California\**

### FedEx, UPS, & Other Express Carrier Mail:

USCIS  
Attn: NFB AOS  
1820 E. Skyharbor, Circle S  
Suite 100  
Phoenix, AZ 85034



BIO recommends FedEx as a reliable option.  
If using FedEx or UPS, use the above address.  
Be sure your mailing option includes tracking  
and guaranteed delivery.

### U.S. Postal Service Mail

USCIS  
PO Box 21281  
Phoenix, AZ 85036



If using USPS, choose Express or Priority  
Mail option and use the above address.  
Be sure your mailing option includes  
tracking and guaranteed delivery.

\* If you do not live in California, see the next slide for mailing information.

# Mailing From Outside California

## If living in...

Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Oklahoma, Tennessee, Texas, Vermont, Virginia, U.S. Virgin Islands, or West Virginia

Alaska, Arizona, **California**, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming, Guam, or the Commonwealth of Northern Mariana Islands.

## Mail your application to...

### U.S. Postal Service

USCIS  
PO Box 660867  
Dallas, TX 75266

### Express Deliveries

USCIS  
Attn: NFB AOS  
2501 S. State Hwy 121 Business  
Suite 400  
Lewisville, TX 75067

### U.S. Postal Service

USCIS  
PO Box 21281  
Phoenix, AZ 85036

### Express Deliveries

USCIS  
Attn: NFB AOS  
1820 E Skyharbor Circle S  
Suite 100  
Phoenix, AZ 85034



# **Step 3:**

## **Receive the Employment Authorization Document (EAD)**

# I-797 Notice of Action

You should receive the notice by mail within 2-4 weeks after mailing the OPT application to USCIS.

- **The I-797C is very important.**  
If you lose the receipt, it may be very difficult to replace it.
- **The I-797C is necessary if you want to:**
  1. inquire about the status of your OPT application.
  2. travel outside the U.S. while your OPT is pending.

## Receipt Number

The case number for the OPT application at USCIS. Check the status of the case on the USCIS web site at <https://www.uscis.gov>

## Received Date

Date when USCIS begins processing the application. (It may not be the actual the application was received, but it is when the case was entered into the system.)

## Address Information

Verify your name, date of birth, and address on the I-765 receipt notice.  
If incorrect, contact BIO immediately.

## Contacting USCIS

If you have any problems or questions with the OPT application, contact a BIO advisor before calling the USCIS Customer Service.

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**

**Form I-797C, Notice of Action**

NOTICE TYPE: Receipt  
RECEIPT NUMBER: I-765 Application for Employment Authorization  
WAC: [redacted]  
RECEIVED DATE: April 11, 2012  
NOTICE DATE: April 13, 2012  
USCIS ALIEN NUMBER: [redacted]  
PAGE: 1 of 1  
DATE OF BIRTH: December 19, 1987

Your Name: [redacted]  
Mailing Address Listed on your I-765: Berkeley, CA

APPLICANT/PETITIONER NAME AND MAILING ADDRESS: [redacted]

The above application/petition has been received by our office and is in process.  
Please verify your personal information listed above and immediately notify the USCIS National Customer Service Center at the phone number listed below if there are any changes.  
Please note that if a priority date is printed on this notice, the priority does not reflect earlier retained priority dates.

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 1-800-375-5283. If you are hearing impaired, please call the NCSC TDD at 1-800-767-1833. Please also refer to the USCIS website: [www.uscis.gov](http://www.uscis.gov).

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.

USCIS Office Address:  
USCIS  
California Service Center  
P.O. Box 30111  
Laguna Niguel, CA 92607-0111

USCIS Customer Service Number:  
(800)375-5283

Form I-797C, Lockbox (LR) 01/30/12 Y

# USCIS Issues & Tracking

## Your Case

### Case Status Updates

BIO strongly recommends that you sign up for an account at <https://www.uscis.gov>. This will allow you to receive automatic updates and monitor your case. Click “Check Your Case Status” and then select “Sign Up.”

### General Case Tracking:

If you don’t sign up for an account, you can still track your case using the “Check Your Case Status” Tool.

### Address Changes:

If your address changes, you can update it online through the “Change of Address” tool. Keep in mind that address changes can take 10 business days to process, and could jeopardize your OPT EAD delivery. We recommend keeping the same address for your entire OPT processing, if possible.

### Case Inquiries:

You can submit inquiries about your case using the Case Inquiry tool, if you don’t receive your receipt or other notifications, or if your EAD has been pending for more than 75 days.



### CASE STATUS ONLINE

Enter a Receipt Number ?

CHECK STATUS

PRIVACY ACT STATEMENT



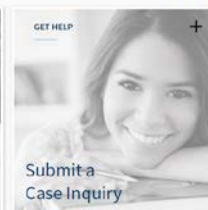
Why sign up for an account?

[Click Here](#)

ACCOUNT LOGIN

SIGN UP

### RELATED TOOLS



# Application Problems: RFE and Rejection/Denial

## RFE

If there is a problem with your application, the USCIS may send you a notice by mail called a “**Request for Evidence (RFE)**.” An RFE does not mean that your application has been rejected. It simply means that you need to send in additional documents before your EAD can be issued.

- Getting an RFE will delay the processing of your application.

## Rejection/Denial

In some cases, if too many items are missing from your application, the USCIS will return the entire application to you. If this happens, you must make the corrections and send the application before the end date of your 60-day grace period.

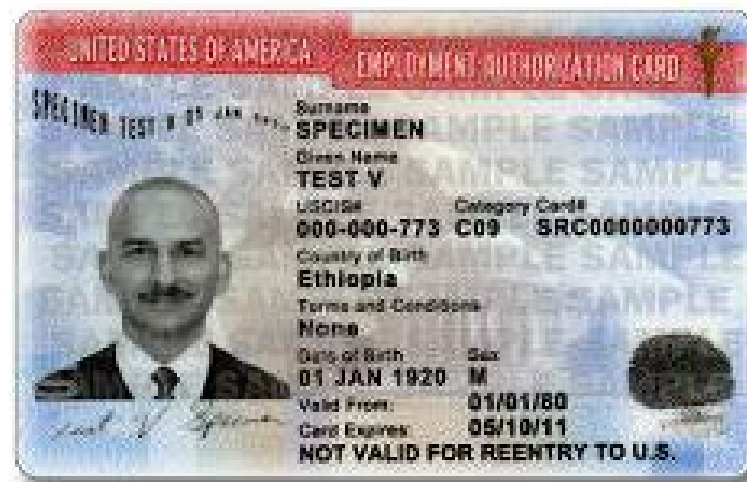
**Contact BIO  
IMMEDIATELY if  
you receive an RFE,  
rejection, or denial.**

**To avoid delays, review your  
application materials for  
completeness and sign all  
the forms before mailing  
them to the USCIS.**

U.S. Department of Homeland Security U.S. Citizenship and Immigration Services		Notice of Action
APP #	Application/Petition: I-129 Petition for Alien Worker(c)	
Receipt #	Applicant/Petitioner	
LIN	Beneficiary	
Notice Date JUNE 23, 2006	Page 1 of 3	
		Request for Evidence
<small>IMPORTANT: WHEN YOU HAVE COMPLIED WITH THE INSTRUCTIONS ON THIS FORM, RESUBMIT THIS NOTICE ON TOP OF ALL REQUESTED DOCUMENTS AND/OR INFORMATION TO THE ADDRESS BELOW. THIS OFFICE HAS RETAINED YOUR PETITION/APPLICATION WITH SUPPORTING DOCUMENTS.</small>		<small>THE INFORMATION REQUESTED BELOW MUST BE RECEIVED BY THIS OFFICE NO LATER THAN EIGHTY-FOUR (84) DAYS FROM THE DATE OF THIS NOTICE. IF YOU DO NOT PROVIDE THE REQUESTED DOCUMENTATION WITHIN THE TIME ALLOTTED, YOUR APPLICATION WILL BE CONSIDERED ABANDONED PURSUANT TO 8 C.F.R. 163.2(b)(1) AND, AS SUCH, WILL BE DENIED.</small>
CSC DIV V		
<b>RETURN THIS NOTICE ON TOP OF THE REQUESTED INFORMATION LISTED ON THE ATTACHED SHEET.</b>		
<b>Note:</b> You are given until <b>SEPTEMBER 23, 2006</b> in which to submit the information requested.		
Pursuant to 8 C.F.R. 103.2(b)(11) failure to submit <b>ALL</b> evidence requested <b>at one time</b> may result in the denial of your petition.		
For more information, visit our website at <b>WWW.USCIS.gov</b>		
Or call us at <b>1-800-375-5283</b>		
Telephone service for the hearing impaired: 1-800-767-1833		
<small>You will be notified separately about any other applications or petitions you filed. Save a photocopy of this notice. Please enclose a copy of it if you write to us about this case, or if you file another application based on this decision. Our address is:</small>		
U.S. CITIZENSHIP AND IMMIGRATION SERVICES CALIFORNIA SERVICE CENTER P.O. BOX 10590 LAGUNA NIGUEL, CA 92607-0590 (949) 831-8427		Bar Code Label Here
<small>Form I-797 (1/00)</small>		<small>Please see additional information on the back.</small>

# The Employment Authorization Document (EAD)

- Review your EAD card to make sure the information is accurate. If it is not, contact a BIO advisor.
- Present your EAD to employers as proof of your legal work authorization in the US.
- The EAD is a required document for entry to the U.S. during OPT.
- Upload a copy of your EAD card at [io.berkeley.edu/ssu](https://io.berkeley.edu/ssu).



# Your Responsibilities during OPT

1. Reporting Requirements
2. Employment Requirements
3. Travel Documents for Re-entry
4. Applying for an F-1 Visa on OPT

# 1. Reporting Requirements: BIO SSU HUB—MANDATORY

- ALL STUDENTS ON OPT/STEM ARE REQUIRED TO USE THE [BIO SSU HUB](#) TO SUBMIT OPT UPDATES. BIO SSU Hub is a Berkeley International Office system.
- Submit updates online at [io.berkeley.edu/ssu](https://io.berkeley.edu/ssu)

## SEVP Portal—OPTIONAL

- The Student Exchange Visitor Program (SEVP) has its own “SEVP Portal” for students on OPT/STEM. On Day 1 of your Approved OPT, you will receive an email from SEVP with instructions on how to create an account. This email will come from [do-not-reply.sevp@ice.dhs.gov](mailto:do-not-reply.sevp@ice.dhs.gov).
- Be aware of scams—SEVP will NEVER ask you for a payment to register to register for the optional SEVP Portal.
- Registration for SEVP Portal is OPTIONAL. BIO WILL NOT USE the SEVP Portal for OPT reporting purposes. We recommend that you use the SEVP Portal as *view only and continue to use SSU Hub to update your information.*

## 2. Employment Requirements

- You must work a minimum of **20 hours per week** in a position related to your field of study. For more information, visit “[Qualifying OPT Employment](#).”
- You cannot exceed more than **90 days of unemployment** while on OPT. Days of unemployment prior to your EAD start date do not count towards the 90 days. It is your responsibility to keep records of your employment and any periods of unemployment.
- For more information see: [OPT Unemployment Allowances](#)



### 3. Travel Documents for Re-entry

Documents	Before Completing Program & <u>Before</u> EAD issuance	After Completing Program & <u>Before</u> EAD issuance	After Completing Program & <u>After</u> EAD issuance
Valid passport	✓	✓	✓
Valid F-1 visa stamp (if applicable)	✓	✓	✓
OPT I-20 with a valid travel endorsement signed within 6 months by a BIO Advisor (page 2)	✓	✓	✓
Evidence of continued enrollment (e.g. Enrollment Verification from CalCentral)	✓		
Evidence of financial support	Strongly recommended	Strongly recommended	Strongly recommended
OPT receipt: I-797 Notice of Action		✓	
Job offer letter from employer		Strongly recommended	✓
EAD (Employment Authorization Document)			✓

Your admission to the U.S. is always at the discretion of the Customs and Border Protection Officers. To avoid problems, you must have the required documents outlined above.

# Important Information on Travel

- Avoid long absences from the U.S. during the OPT period. Time spent outside of the U.S. while unemployed by a U.S. employer counts toward your 90 days of unemployment.
- Attempting to re-enter the U.S. close to the expiration date of your OPT can be risky.
- You must not enter the U.S. in a status other than F-1. This may result in the loss of your OPT eligibility.

## Travel after Program Completion, But Before OPT Card is received

- There is a higher risk associated with travel and return while your OPT is pending after the program completion date. If there are any problems with your application, you may not be able to respond to USCIS in a timely manner, which could delay processing of your EAD.
- If your OPT application is denied while outside the U.S., you will not be able to re-enter the U.S. in F-1 status and will not be able to reapply.

## 4. Applying for an F-1 Visa on OPT

If you are traveling abroad and your F-1 visa has expired, you must obtain a new F-1 visa before returning to the U.S. When going to your visa interview, bring the documents below. For more information, visit: [http://internationaloffice.berkeley.edu/visa\\_application](http://internationaloffice.berkeley.edu/visa_application)

1. Valid passport
2. Valid I-20 with travel endorsement from a Berkeley International Office advisor within the past 6 months
3. Unexpired EAD Card
4. Job offer letter or proof of current employment directly related to your field of study
5. Evidence of sufficient funds (e.g. a bank statement, a letter from a sponsor or a job offer letter)

Check the U.S. Department of State web site for more information about getting a visa and specific requirements at the local embassy or consulate at [www.travel.state.gov](http://www.travel.state.gov)

# Completing OPT & Grace Period

- You have a 60 day grace period following the end of the OPT EAD.
- Failure to exit, continue your F-1 status, or timely file an Extension or USCIS Change of Status will result in accrual of days of [unlawful presence](#).
- If you intend to apply for an [OPT STEM Extension](#), you must do so before the expiration of your 12 month OPT.
- The only additional extension of OPT available is the [OPT Cap Gap Extension](#), for students who have an accepted cap-subject H1-B application.
- If you receive an Extension of your OPT, the grace period will begin after the end of the Extension period.

If you do not extend your OPT, and your EAD expires, you have the following options before the end of the 60 days grace period:

1. Exit the US within 60 days
2. [Continue your F-1 Status & Studies](#): Transfer your I-20 to continue studies at another school OR request a Change of Educational Level to begin new studies at UC Berkeley
3. Work with immigration legal counsel regarding a Change of Status application to a new visa category. *You will need to check with your legal counsel regarding your allowed period of stay or required exit date if you have a pending change of status when your grace period ends.*

# More Information

Consult the Berkeley International Office [OPT webpage](#) for detailed information related to:

Frequently Asked Questions (FAQs)

Address and Employer Reporting System

Types of Qualifying Employment

90-Day Unemployment Rule

Beginning a New Program of Study

Taking Classes While on OPT

Traveling Outside the U.S.

Early Completion of OPT

OPT STEM Extension

Cap-Gap Extension

# Final check of your OPT application

Want to review all your documents in detail before mailing them to USCIS?

See our online video:  
[OPT Application Checklist](#)

## OPT Application Checklist

A review guide before you mail your application!



Still have questions?

Come see a BIO advisor in person at Berkeley International Office.



## Office Hours

[internationaloffice@berkeley.edu](mailto:internationaloffice@berkeley.edu)

**510-642-2818**