

STEM EXTENSION I-765 EXAMPLE

OMB No. 1615-0040; Expires 09/30/11

(FILL IN HIGHLIGHTED SECTIONS)

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

I-765, Application For Employment Authorization

Do not write in this block.

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (Circle One) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for:

- Permission to accept employment.
- Replacement (of lost employment authorization document).
- Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First) (Middle)	Which USCIS Office?	Date(s)
WRITE YOUR NAME AS WRITTEN IN YOUR PASSPORT	Vermont/Texas/Calif/Nebraska	
2. Other Names Used (include Maiden Name)	Results (Granted or Denied - attach all documentation)	
	GRANTED	
3. Address in the United States (Number and Street) (Apt. Number)	12. Date of Last Entry into the U.S. (mm/dd/yyyy)	
USE A RELIABLE MAILING ADDRESS		
(Town or City) (State/Country) (ZIP Code)	13. Place of Last Entry into the U.S.	
4. Country of Citizenship/Nationality	14. Manner of Last Entry (Visitor, Student, etc.)	
5. Place of Birth (Town or City) (State/Province) (Country)	15. Current Immigration Status (Visitor, Student, etc.)	
6. Date of Birth (mm/dd/yyyy) 7. Gender	16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).	
	Eligibility under 8 CFR 274a.12 (C) (3) (c)	
8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.	
9. Social Security Number (include all numbers you have ever used) (if any)	Degree: _____	
10. Alien Registration Number (A-Number) or I-94 Number (if any)	Employer's Name as listed in E-Verify: _____	
I-94 NUMBER HERE	Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number _____	
11. Have you ever before applied for employment authorization from USCIS?		
<input checked="" type="checkbox"/> Yes (If "Yes," complete below) <input type="checkbox"/> No		

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature	Telephone Number	Date
SIGN YOUR NAME HERE		

Signature of Person Preparing Form, If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name	Address	Signature	Date
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Remarks	Initial Receipt	Resubmitted	Relocated			Completed	
			Rec'd	Sent	Approved	Denied	Returned

