

# Optional Practical Training (OPT) Tutorial

Presented by:

Center for International Education

## **Session Topics**

- ☐ Post-completion OPT eligibility & Application deadlines
- OPT Application Process Overview
- Application Forms & Required Supporting Documents
- ☐ Prepare and Mail your Packet to USCIS
- Maintaining F-1 Status during OPT
- ☐ Traveling & Health Insurance during OPT
- OPT is ending, now what?
- ☐ Helpful Resources



Post-Completion OPT, Eligibility, and Application Deadline

### **International Student Employment**

### 1. On-Campus

### 2. Practical Training:

- Curricular Practical Training(CPT)
- Optional Practical Training (OPT)
- 24-Month STEM OPT Extension
- Cap Gap Extension



### 3. Off-Campus:

- Severe unforeseen financial hardship,
- Internship with a qualifying International Organization
  - Violation to employment regulations will lead to the termination of the student's SEVIS record!

# What is Post-completion Optional Practical Training (OPT)?

- Employment benefit for F-1 Visa Students
- Authorization to work in the U.S. for up to 12 months
- Training takes place after the academic program end date

#### **OPT Allows for:**

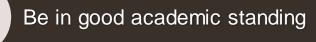
- ❖ Part-Time/Full-Time Work
- Training related to your major field of study.
- Training anywhere in the US.
- Training in a variety of Types of Employment



### **Eligibility**

Must be in lawful F-1 Status

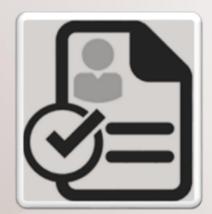
Have been enrolled in a full course of study for at least one academic year



Have completed, or be in the process of completing all degree-required coursework

Have <u>not</u> already been granted OPT at your current degree level, or exceeded 12 months of Full-Time CPT

Must apply during the application period & comply with deadlines



### Application Deadline

Apply no earlier than 90 days before program completion, and no later than 60 days after program completion

| IF APPLYING FOR THE FOLLOWING TERM: | PROGRAM END<br>DATE/<br>GRADUATION<br>DATE | SUBMIT APPLICATION TO CIE BETWEEN: | AVAILABLE OPT<br>START DATES: | USCIS MUST RECEIVE YOUR APPLICATION BETWEEN (90/60) |  |
|-------------------------------------|--------------------------------------------|------------------------------------|-------------------------------|-----------------------------------------------------|--|
| Spring 2024                         | 05/24/2024                                 | 02/14/2024-<br>07/13/2024          | 05/25/2024-<br>07/23/2024     | 02/24/2024-07/23/2024                               |  |
| Summer 2024                         | 08/16/2024                                 | 05/08/2024-<br>10/05/2024          | 08/17/2024-<br>10/15/2024     | 05/18/2024-10/15/2024                               |  |
| Fall 2024                           | 12/24/2024                                 | 09/15/2024 -<br>02/12/2025         | 12/25/2024 -<br>02/22/2025    | 09/25/2024 - 02/22/2025                             |  |
| Winter 2025                         | 01/17/2025                                 | 10/09/2024 -<br>03/08/2025         | 01/18/2025 -<br>03/18/2025    | 10/19/2024 - 03/18/2025                             |  |

Students cannot work on-campus or be eligible for CPT after the program end date

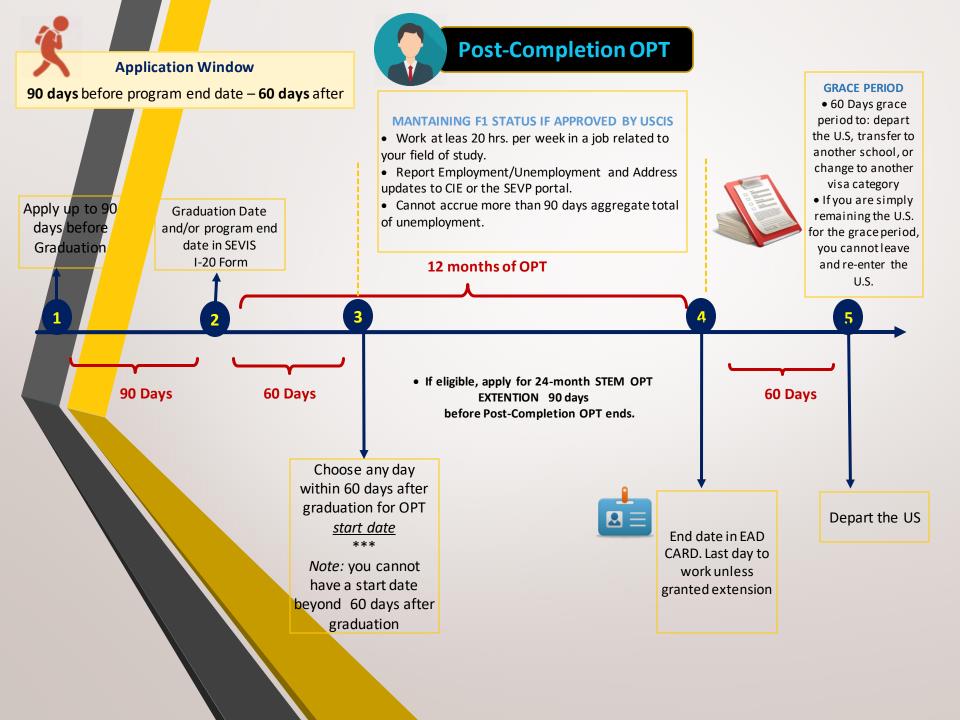
# Alternative Application Deadlines for some Graduate students only



Graduate students can apply for Post-completion OPT:

- The semester they complete all required coursework OR
- The semester they complete all required course work & their culminating experience (thesis/dissertation or comprehensive exam).

Your I-20 will be shortened to the official end of the semester in which you submit the OPT application.



# OPT Application Process Overview

### **OPT Process Overview**

Review OPT Website

Receive your EAD and begin training

The estimated time to receive an EAD is 90- 100 days

Request an OPT I-20

Track your application
Online

File the complete application to USCIS by mail OR online

### Steps to Request an OPT I-20

Review Eligibility

 Review OPT eligibility to ensure you qualify for Post-Completion OPT at Optional Practical Training | California State University Long Beach (csulb.edu)

Follow Application Instructions • Complete steps 1 & 2 to prepare your application materials.

Obtain your new OPT I-20

- Submit the OPT I-20 request, I-765 and most recent I-94 record to ISS as a service request.
- An Advisor reviews your request, confirms eligibility & issues
   OPT I-20 within 7 business days.
- You will receive an OPT I-20 and Coversheet via email.

## Program end date Verification

- We will verify that you applied for graduation with Enrollment Services.
  - For more details: http://web.csulb.edu/depts/enrollment/graduation/
- If you have not applied for graduation your OPT request will be denied!



# Review your OPT I-20 before taking next steps...

| Department of Homeland            | ,                                   |                                         | immigrant Student Status   |                          |
|-----------------------------------|-------------------------------------|-----------------------------------------|----------------------------|--------------------------|
| U.S. Immigration and Cus          | OMB NO. 1653-                       | OMB NO. 1653-0038                       |                            |                          |
| SEVIS ID:                         |                                     | NAME:                                   |                            |                          |
| EMPLOYMENT AUTH                   |                                     |                                         |                            |                          |
| TYPE<br>POST-COMPLETION OPT       | FULL TO                             | REQUESTED                               | START DATE<br>01 JULY 2017 | END DATE<br>30 JUNE 2018 |
| CHANGE OF STATUS/                 | CAP-GAP EXTENSION                   |                                         |                            |                          |
|                                   |                                     |                                         |                            |                          |
| AUTHORIZED REDUC                  | ED COURSE LOAD                      |                                         |                            |                          |
| CURRENT SESSION DA                |                                     |                                         |                            |                          |
| CURRENT SESSION START             |                                     | CURRENT SESSIO                          | N END DATE                 |                          |
|                                   | t-completion practical              | training.                               |                            |                          |
| TRAVEL ENDORSEME                  |                                     | student to attend the same school after | a tamana akansa fam        | the United States Each   |
| endorsement is valid for one year | ed, may be used for re-entry of the | student to attend the same school after | a temporary assence from   | the Onited States, Each  |
| Designated School Official        | TITLE                               | SIGNATURE                               | DATE ISSUED                | PLACE ISSUED             |
|                                   |                                     | X                                       |                            |                          |
|                                   |                                     | X                                       | _                          |                          |
|                                   |                                     |                                         | _                          | - ———                    |
|                                   |                                     | X                                       |                            |                          |
|                                   |                                     | x                                       |                            |                          |
|                                   |                                     | _                                       |                            |                          |
|                                   |                                     |                                         |                            |                          |
|                                   |                                     |                                         |                            |                          |
|                                   |                                     |                                         |                            |                          |

OPT Information can be found in p. 2

OPT I-20 will change depending on the application Status:

Requested → Pending → Approved

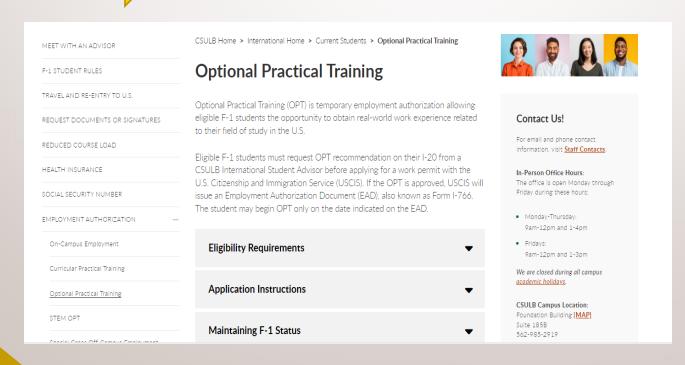
# OPT Application Forms & Required Supporting Documents

### **OPT Application Documents**

You can access all the required OPT application documents and forms from our website:

# Optional Practical Training | California State University Long Beach (csulb.edu)





## Request Form

Section 1

Student's section

Section 2

Advisor Approval

#### CALIFORNIA STATE UNIVERSITY

#### LONG BEACH

#### POST-COMPLETION OPTIONAL PRACTICAL TRAINING (OPT)

**OPT I-20 REQUEST FORM** 

**Instructions:** Complete Section 1 and 2 in this form to request an I-20 for Post-completion Optional Practical Training (OPT).

| SECTION 1- Student and program Information. To be completed by the student requesting the OPT I-20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|--|--|
| Student's Last Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | First Name:                                    |  |  |  |
| Beach ID Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Major:                                         |  |  |  |
| Current Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City, State, Zip Code:                         |  |  |  |
| Alternative Email Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Phone Number:                                  |  |  |  |
| Expected Program End Date<br>OR coursework completion date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Preferred OPT Start Date*:                     |  |  |  |
| SECTION 2- Student Acknowledgement. Your sign<br>responsibilities as an OPT applicant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nature below confirms that you understand your |  |  |  |
| I acknowledge that I am solely responsible for understanding OPT regulations including application process & deadlines, reporting requirements, unemployment limitations, and others as presented in OPT Self-Assessment/online tutorial and the CSULB OPT page.  I understand the ISS advisors and staff will communicate with me primarily via the alternative email address provided above.  I will notify an International Student Advisor if I cannot graduate on the date indicated in this form.  I understand that I will not be eligible for an I-20 program extension in the case that I fail to complete all graduation requirements by the OPT authorization end date. |                                                |  |  |  |
| Sign here Today's Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |  |  |  |

| SECTION 3- OPT I-20 Eligibility Review. To be completed by the ISS Advisor.                                                                    |                                                                                                                                                       |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| ☐ Confirm student updated contact information ☐ Current I-20 Program End Date: ☐ Passport Expiration Date: ☐ Shorten I-20 Program End Date to: | □ Active CMS Holds □ GWAR/WPE status: □ GPA: □ T2 □ Full-Time for a prior Academic Year: T1 □ T2 □ Current Semester Full-Time or FCE/RCL in CMS: □ T2 |  |  |  |  |
| The student's request is: Accepted Rejected Advisor name:                                                                                      | PendingDecision Date:                                                                                                                                 |  |  |  |  |

<sup>\*</sup> You may request a preferred OPT Start Date. The date must be no earlier than the day after your program end date, and no later than 60 days after your program end date. Start date cannot be change after you file for OPT.

### Form G-1145

- E-Notification of application receipt
- Optional

#### Complete

Name & Contact Info



#### e-Notification of Application/Petition Acceptance

Department of Homeland Security U.S. Citizenship and Immigration Services USCIS Form G-1145

#### 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 is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File (A-File) and Central Index System (CIS), which can be found at <a href="https://www.dhs.gov/privacy">www.dhs.gov/privacy</a>. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

| 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 Fir                    |  | Name        | Applicant/Petitioner Full Middle Name |
|                                                                                      |  |             |                                       |
| Email Address                                                                        |  | Mobile Phon | e Number (Text Message)               |
|                                                                                      |  |             |                                       |

Form G-1145 09/26/14 Y Page 1 of 1

# Form I-765 page 1

- Type or print in black ink
- Complete pages 1-7.
  Only sections that apply to you
- In part 1, select: 1a
- Make sure you are using the latest form edition



#### Application For Employment Authorization

USCIS Form I-765 OMB No. 1615 004 Expires 10/31/2025

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

|                     | Authorization/Extension<br>Valid From                                                                                                                                                                                                                                                                                                                                                                           | Fee Stamp                                                                                                                                                                                                                                                    |                            | Action Block                                                               |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------|
| For<br>USCIS<br>Use | IS Vand Inrough                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                              |                            |                                                                            |
| Only                | Alien Registration Number A-                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                              |                            |                                                                            |
|                     | Remarks                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                              |                            |                                                                            |
| Board               | be completed by an atto<br>d of Immigration Appea<br>redited representative                                                                                                                                                                                                                                                                                                                                     | is attached (if any).                                                                                                                                                                                                                                        | box if Form G-2            | Attorney or Accredited Representative USCIS Online Account Number (if any) |
| Part 1              | . Reason for Applying                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              | Other Name                 | s Used                                                                     |
| 1.a<br>1.b          | plying for (select only one b  Initial permission to accept Replacement of lost, stolen authorization document, or employment authorization U.S. Citizenship and Immi, error.  NOTE: Replacement (cor authorization document du require a new Form 1-765 a Replacement for Card Er Filing Fee section of the Fo further details.  Renewal of my permission (Attach a copy of your pre- authorization document.) | employment.  In or damaged employment correction of my document NOT DUE to gration Services (USCIS)  rection) of an employment e to USCIS error does not und filing fee. Refer to troor in the What is the form I-765 Instructions for to accept employment. | maiden name, a             | ame me m                                  |
| D4 2                | . Information About Y                                                                                                                                                                                                                                                                                                                                                                                           | ·                                                                                                                                                                                                                                                            | (Last Nar<br>4.b. Given Na | ne)                                                                        |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                 | ou                                                                                                                                                                                                                                                           | (First Na<br>4.c. Middle N | ne)                                                                        |
| l.a. Fa             | Full Legal Name<br>mily Name                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                              |                            |                                                                            |
| 1.b. G              | ast Name)<br>iven Name<br>irst Name)                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                              |                            |                                                                            |
|                     | iddle Name                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                              |                            |                                                                            |

# Form I-765 page 2

- Add a physical address if different than you mailing address
- Apply for SS# if necessary (questions 13a-17b)

You will be applying for your employment authorization (EAD) and Social security number/card at the same time with the same form

If you already have a SS Card answer "no" in question #14.

| Part 2. Information About You (continued)                                                                                                                                            | 13.b. Provide your Social Security number (SSN) (if known).                                                                                  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Your U.S. Mailing Address                                                                                                                                                            | 14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15.,                                 |  |  |
| 5.a. In Care Of Name (if any)                                                                                                                                                        | Consent for Disclosure, to receive a card.)                                                                                                  |  |  |
| 5.b. Street Number and Name                                                                                                                                                          | ☐ Yes ☐ No  NOTE: If you answered "No" to Item Number 14., skip                                                                              |  |  |
| 5.c. Apt. Ste. Fhr.                                                                                                                                                                  | to Part 2., Item Number 18.a. If you answered "Yes" to<br>Item Number 14., you must also answer "Yes" to Item<br>Number 15.                  |  |  |
| 5.d. City or Town                                                                                                                                                                    | 15. Consent for Disclosure: I authorize disclosure of                                                                                        |  |  |
| 5.e. State 5.f. ZIP Code (USPS ZIP Code Lookup)                                                                                                                                      | information from this application to the SSA as required<br>for the purpose of assigning me an SSN and issuing me a<br>Social Security card. |  |  |
| Is your current mailing address the same as your physical address?  Yes No                                                                                                           | NOTE: If you answered "Yes" to Item Numbers<br>14 15., provide the information requested in Item                                             |  |  |
| NOTE: If you answered "No" to Item Number 6.,<br>provide your physical address below.                                                                                                | Numbers 16.a 17.b.                                                                                                                           |  |  |
|                                                                                                                                                                                      | Father's Name                                                                                                                                |  |  |
| U.S. Physical Address                                                                                                                                                                | Provide your father's birth name.  16.a. Family Name                                                                                         |  |  |
| 7.a. Street Number<br>and Name                                                                                                                                                       | (Last Name)                                                                                                                                  |  |  |
| 7.b. Apt. Ste. Flr.                                                                                                                                                                  | 16.b. Given Name<br>(First Name)                                                                                                             |  |  |
| 7.c. City or Town                                                                                                                                                                    | Mother's Name                                                                                                                                |  |  |
| 7.d. State 7.e. ZIP Code                                                                                                                                                             | Provide your mother's birth name.  17.a. Family Name                                                                                         |  |  |
| Other Information                                                                                                                                                                    | (Last Name)                                                                                                                                  |  |  |
| Alien Registration Number (A-Number) (if any)                                                                                                                                        | (First Name)                                                                                                                                 |  |  |
| ► A-                                                                                                                                                                                 | Your Country or Countries of Citizenship or                                                                                                  |  |  |
| 9. USCIS Online Account Number (if any)                                                                                                                                              | Nationality                                                                                                                                  |  |  |
|                                                                                                                                                                                      | List all countries where you are currently a citizen or national.                                                                            |  |  |
| 10. Gender Male Female                                                                                                                                                               | If you need extra space to complete this item, use the space<br>provided in Part 6. Additional Information.                                  |  |  |
| 11. Marital Status                                                                                                                                                                   | 18.a. Country                                                                                                                                |  |  |
| Single Married Divorced Widowed                                                                                                                                                      |                                                                                                                                              |  |  |
| 12. Have you previously filed Form I-765?                                                                                                                                            | 18.b. Country                                                                                                                                |  |  |
| Yes No                                                                                                                                                                               |                                                                                                                                              |  |  |
| 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?  Yes No                                                                     |                                                                                                                                              |  |  |
| NOTE: If you answered "No" to Item Number 13.a.,<br>skip to Item Number 14. If you answered "Yes" to Item<br>Number 13.a., provide the information requested in Item<br>Number 13.b. |                                                                                                                                              |  |  |

# Form I-765 page 3

- ☐ Use your latest I-94 record to answer questions about last arrival
- Passport must be valid for another 6 months at least at the time of the application
- ☐ Eligibility Category Q#27: (c)(3)(B)for Post-completion OPT

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

| Place of Birth                                                             |
|----------------------------------------------------------------------------|
| ist the city/town/village, state/province, and country where ou were born. |
| 9.a. City/Town/Village of Birth                                            |
|                                                                            |
| 9.b. State/Province of Birth                                               |
|                                                                            |

19.c. Country of Birth

Date of Birth (mm/dd/yyyy)

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

| <b>▶</b>                                                |      |
|---------------------------------------------------------|------|
| 21.b. Passport Number of Your Most Recently Issued Pass | port |
|                                                         |      |
| 21.c. Travel Document Number (if any)                   |      |
|                                                         |      |

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

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

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

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

23. Place of Your Last Arrival Into the United States

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

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

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

| ► N- |
|------|

#### 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, $(a)(8)$ , $(c)(1/)(11)$ ).     |
|     |                                                              |

(c)(3)(C) STEM OPT Eligibility Cate entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers

| 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

| ver. |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|
| •    |  |  |  |  |  |  |  |
|      |  |  |  |  |  |  |  |

30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27,, have you EVER been arrested for and/or convicted of any crime?

| Yes | No |
|-----|----|

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

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

| <b>&gt;</b> | ts rorm 1-797 Notice for rorm 1-140. |  |  |  |  |  |  |  |  |  |
|-------------|--------------------------------------|--|--|--|--|--|--|--|--|--|
|             | •                                    |  |  |  |  |  |  |  |  |  |

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?

NOTE: If you answered "Yes" to Item Number 31.b., refer to Employment-Based Nonimmigrant Categories. Items 8. - 9., in the Who May File Form I-765 section of the Form I-765 Instructions for information about providing court dispositions.

# Form I-765 page 4

- Applicant's Statement (1a)
- Signature can only be handwritten. USCIS will deny e-signatures from students.
- Sign inside the box.
- You must be in the U.S. to file form I-765.

You <u>will not</u> be eligible for OPT once you have departed the U.S. and your program end date has passed!

#### 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.

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
- Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

#### Applicant's Declaration and Certification

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

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

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

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

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

#### Applicant's Signature

| .а. | Applicant's | Signature |  |
|-----|-------------|-----------|--|
| •   |             |           |  |
| ,   |             |           |  |

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

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

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

Provide the following information about the interpreter.

#### Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- Interpreter's Business or Organization Name (if any)

# Form I-765 page 5 – 6

- These pages only apply to you if you utilized an attorney and/or an interpreter to assist in filling out this application.
- You may skip these pages.

| Part 4. Interpreter's Contact Information,<br>Certification, and Signature                                                                                                                                                                                                                                                                       | Part 5. Contact Information, Declaration, and<br>Signature of the Person Preparing this<br>Application, If Other Than the Applicant |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Interpreter's Mailing Address                                                                                                                                                                                                                                                                                                                    | Provide the following information about the preparer.                                                                               |
| 3.a. Street Number and Name                                                                                                                                                                                                                                                                                                                      | Preparer's Full Name                                                                                                                |
| 3.b.                                                                                                                                                                                                                                                                                                                                             | 1.a. Preparer's Family Name (Last Name)                                                                                             |
| 3.c. City or Town                                                                                                                                                                                                                                                                                                                                | II. Burney Circa Nama (Circa Nama)                                                                                                  |
| 3.d. State - 3.e. ZIP Code                                                                                                                                                                                                                                                                                                                       | 1.b. Preparer's Given Name (First Name)                                                                                             |
| 3.f. Province                                                                                                                                                                                                                                                                                                                                    | Preparer's Business or Organization Name (if any)                                                                                   |
| 3.g. Postal Code                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     |
| 3.h. Country                                                                                                                                                                                                                                                                                                                                     | Preparer's Mailing Address                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                  | 3.a. Street Number and Name                                                                                                         |
| Part 5. Contact Information, Declaration, and<br>Signature of the Person Preparing this<br>Application, If Other Than the Applicant<br>(continued)                                                                                                                                                                                               |                                                                                                                                     |
| Preparer's Statement                                                                                                                                                                                                                                                                                                                             |                                                                                                                                     |
| 7.a.  I am not an attorney or accredited representative<br>but have prepared this application on behalf of<br>the applicant and with the applicant's consent.                                                                                                                                                                                    |                                                                                                                                     |
| 7.b.   I am an attorney or accredited representative and my representation of the applicant in this case   extends does not extend beyond the preparation of this application.  NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited |                                                                                                                                     |

Preparer's Certification

# Form I-765 page 7

- Use Part 6. Additional Information to provide:
- All <u>previously</u> used SEVIS numbers and
- Evidence of any previously authorized CPT or OPT and the academic level at which it was authorized.

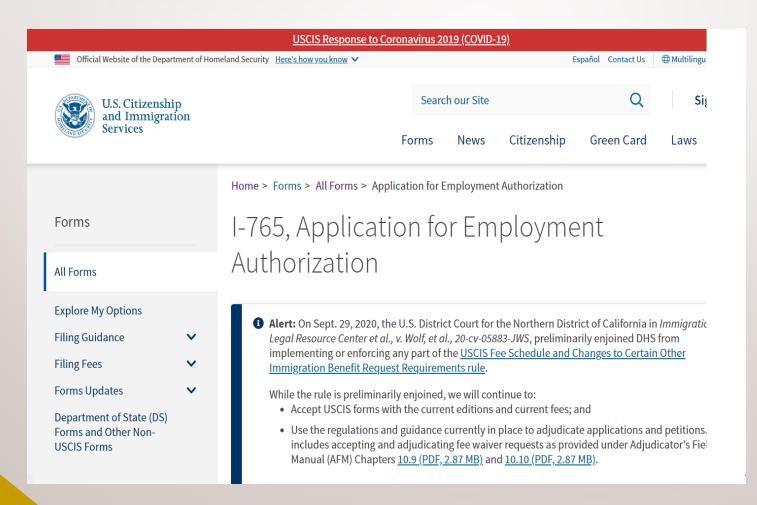
| Part 6. Additional Information                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5.a. Page Number 5.b. Part Number 5.c. Item Number |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 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. | 5.d.                                               |
| 1.a. Family Name<br>(Last Name)                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |
| 1.b. Given Name<br>(First Name)                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |
| 1.c. Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6.a. Page Number 6.b. Part Number 6.c. Item Number |
| 2. A-Number (if any) ► A-                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6.d.                                               |
| 3.a. Page Number 3.b. Part Number 3.c. Item Number                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |
| 3.d.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |
| Example:<br>SEVIS # Noo769854<br>CPT: 01/21/2020-05/22/2020<br>OPT: 6/25/2020- 6/24/2021 [BA]                                                                                                                                                                                                                                                                                                                                                                        |                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7.a. Page Number 7.b. Part Number 7.c. Item Number |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7.d.                                               |
| 4.a. Page Number 4.b. Part Number 4.c. Item Number                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |
| 4.d.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |

#### **ALERT:**

# I-765 Filing Fee is scheduled to increase to \$520 dollars on April 1, 2024!

#### Always use the most up to date I-765 edition

https://www.uscis.gov/i-765



### Form I-765 Supporting Documents

- Copy of Passport (must be valid for 6 months in the future)
- Copy F-1 Visa (it is ok if expired)
- Copy of I-94 Card or I-94 record- go to www.cbp.gov/I94 to print you most recent record

Copy of all I-20s & any EADs you received.







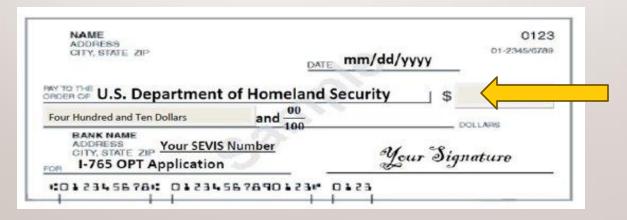
Department of Hemologi Security

1-20, Cort.Floate of Eligibility for Nonimerigrant Student Status

# Form I-765 Fees

https://www.uscis.gov/i-765

- The current fee for form I-765 is \$410 dollars.
- Fee is scheduled to increase to \$520 dollars on April 1, 2024!
- Make your payment to:
  - U.S. Dept. of Homeland Security
- Payment can be done through:
  - Personal check or
  - Money order or
  - Cashier's check
  - Pay by credit card using Form G-1450, Authorization for Credit Card Transactions
  - Pay online if you chose to file your application through the USCIS portal.



# Picture Requirements

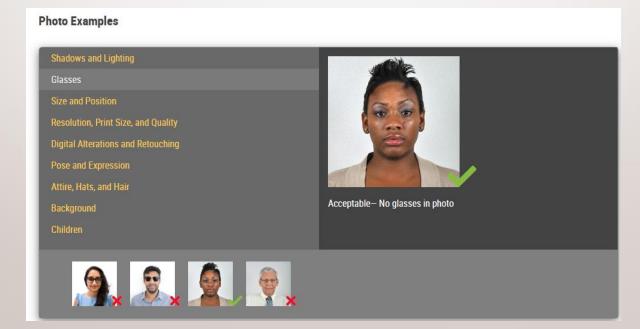
https://travel.state.gov/content/travel/en/passports/how-apply/photos.html

- Provide 2 identical photos, passport style taken within the last 30 days.
- Photos should be 2"x2" in size.
- Find photo examples online in the link provided above.





**Passport Pictures** 



# Prepare your full application and file it to USCIS

**Deadline** 

# Filing On time

- You must file your OPT packet within 30 days from the original OPT request date indicated in SEVIS. Date might be different from the issue date indicated in your new OPT I-20.
- USCIS accepts your OPT application by mail or online. Both methods are equally acceptable.

Reminder: You can file Form I-765 90 days before your program end date, but no later than 60 days after.

File OPT application

# Coversheet & OPT I-20

- ☐ You will receive your OPT I-20, and your Coversheet from the ISS Advisor within 7 business days from the request.
- ☐ Follow the instruction on your Coversheet to file your OPT application by mail or to file online:



# Filing by mail

☐ Follow the instruction on your Coversheet to mail your OPT packet to the correct USCIS Lockbox.

#### CALIFORNIA STATE UNIVERSITY

#### LONG BEACH

**Post-Completion OPT Mail Filing Instructions** 

#### A. Assemble your application packet.

- Form G-1145 E-Notification of Application.
- Current edition of Form I-765 signed with a written signature in black ink.
- A money order, personal check or cashier's check for \$410, made payable to: U.S. Department of Homeland Security.
- Two identical <u>U.S. passport style photos</u> no more than 30 days old.
- Copies of all issued I-20's including your **new OPT I-20** (all copies require **written** signatures from the student)
- Copy of passport photo ID page with expiration date showing (valid for at least another 6 months)
- Copy of your most recent I-94 record. The I-94 can be a copy of the front and back of the paper card, change of status I-797 Form or <u>Electronic I-94 Record</u>).
- Copy of your F-1 Visa (Expired Visas are acceptable).
- Copy of any previously issued EAD's front and back.

<u>USCIS Filing Tips</u>: Use this link to review the full list of recommendations to properly file a paper application to USCIS. Other recommendations include: single-sided copies of your documents, remove all staples, use only paper that is 8.5 X 11 in. In size.

#### B. Mail your application to the correct USCIS Lockbox

| Eligibility Category<br>8 CFR 274a.12 | To mail via U.S. Postal Service (USPS) use this address:              | To mail via FedEx, UPS, and DHL deliveries use this address:                                      |
|---------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| (c)(3)(B), Post-completion OPT        | USCIS<br>Attn: I-765 C03<br>P.O. Box 805373<br>Chicago, IL 60680-5374 | USCIS<br>Attn: I-765 C03 (Box 805373)<br>131 South Dearborn - 3rd Floor<br>Chicago, IL 60603-5517 |

#### B. Monitor your incoming USCIS mail by signing up for Informed Delivery by USPS

- Informed Delivery provides a digital preview of your mail and allows you to manage and track your packages scheduled to arrive soon.
- Sign up online at <u>Informed Delivery by USPS</u>.

#### D. Track your OPT application with USCIS Case Status Online

- You will receive a Receipt Notice of Action (Form I-797) in the mail with your case number within a
  few week from filing.
- Use the case number to check the status of your application online at <u>Case Status Online</u>.
- You should expect your Employment Authorization Document (EAD) to arrive by mail. The Social Security card will follow afterwards, only if you requested one.
- Processing time may take an average of 90 days from your receipt date.
- Contact USCIS immediately if the correspondence you receive presents inaccurate information.



# Filing Online

- ☐ Follow the instruction on your Coversheet to complete the online OPT application with USCIS.
- You must have an OPT I-20 <u>BEFORE</u> starting the online USCIS application for OPT.



# Track

# Application Progress& Status Updates

- ☐ You will receive a Receipt Notice of Action (Form I-797) in the mail with your **receipt number**. If you filed by mail.
- ☐ In contrast, you will have the receipt notice immediately after completing the <u>online</u> filing.
- □ Notify USCIS immediately if you notice mistakes in form I-797.
- ☐ Use the case number to check the status of your application online at <a href="https://egov.uscis.gov/casestatus/landing.do">https://egov.uscis.gov/casestatus/landing.do</a>
- Use the online tools to submit inquiries to USCIS about your application.



USCIS Contact Center Dial 800-375-5283

### Work

# Begin Training

- ☐ If Approved, you will receive the Employment Authorization Document (EAD) within 90-100 days from the receipt date.
- ☐ Verify the Information in your EAD is correct
- □ You can start your employment and/or apply for a SS# on the Valid Date printed on the EAD.



□ You will receive your Social Security Card in the mail shortly after your OPT approval, for questions go to www.ssa.gov



### **Common mistakes to Avoid**

- 1. Application is not submitted within the timeframe.
- 2. Application is incomplete.
- 3. <u>Payment issues</u>: i.e. check is dated too far away in the future, money not available, wrong fee amount, etc.
- 4. Pictures do not follow <u>requirements</u>. Review the picture requirement here or on our <u>website</u>.
- 5. Failure to respond to the an RFE by the given deadline.
  - What is a Request for further Evidence (RFE)?
    - An RFE is a formal notice sent by the immigration adjudicator reviewing your OPT application for: missing documents, better pictures, clarification of information
    - Must respond within 60 days

# Maintain F-1 Status while Completing Post-Completion OPT



#### Maintaining F-1 status

Employment

#### Train within your field of study

- ☐ All training opportunities must be related to your major. For assistance with this requirement, use these resources:
  - https://bigfuture.collegeboard.org/majors-careers
  - https://www.onetonline.org
  - https://nces.ed.gov/ipeds/cipcode/Oefault.aspx?y=55



- ☐ You begin your employment only on the EAD start date & end employment on the EAD expiration date.
- ☐ You must train a minimum of 20 hours per week.
- ☐ You must not be unemployed more than 90 days for the duration of your OPT approved period.
- ☐ Your SEVIS record will automatically **terminate** when you accumulate 90 cumulative unemployment days.



## Valid Employment Categories

- Regular paid employment
- Single full-time, or multiple part-time jobs
- Multiple, short-term employers
- Work for hire / independent contractor
- Self-employed business owner
- Employment through an agency
- Volunteer / Unpaid internship
   (where Labor Regulations are not in violation)



#### Maintaining F-1 status

Report

#### Report within 10 days from the change



Use the SEVP Portal to Report

- ☐ Your SEVP Portal will help you update your record accordingly.
- ☐ The SEVP Portal will be accessible to you only after OPT is approved.
- You will receive an email to set up your individual SEVP Portal from <a href="mailto:do-not-reply.sevp@ice.dhs.gov">do-not-reply.sevp@ice.dhs.gov</a>.
- Use the SEVP Portal to report the following information <u>except email</u>:
  - \* Physical home address.
  - \* Mailing address.
  - \* Telephone numbers.
  - \* Employment information, including unemployment periods.
- After you set up your SEVP Portal you can access it at <a href="https://sevp.ice.gov/opt">https://sevp.ice.gov/opt</a>
- For help with the SEVP Portal visit <u>SEVP PORTAL HELP</u> or contact an International Student Advisor/DSO.
- You are encouraged to use <u>Request Documents or Signatures | California State University Long Beach (csulb.edu)</u> to summit changes to your preferred email address or a request to reset your SEVP portal



## Is your job related to your major? Sample Descriptions

- Bachelor's degree in Electrical Engineering: I work full time as an Electrical Engineer at ABC Corp., a government contractor. In my job, I analyze client requirements for electrical systems and provide them with cost estimates of such systems. My work requires understanding of electrical circuit theory, which I studied in-depth at the University of ABC.
- Bachelor's degree in Business: I work full time as a Loan Officer at a mortgage company, Happy Homes, where I meet with clients and evaluate, authorize and recommend approval of loan applications. On a daily basis, I use the knowledge I gained in my credit analysis, sales and marketing classes that I took as part of my major program of study.
- Master's degree in Music: I am working at a hospital playing the harp in patient rooms. I also conduct hands-on harp beginner workshops for long-term patients. On average, I work at the hospital 35 hours a week. My duties directly utilize the skills and knowledge I acquired from my coursework and degree in music therapy.

#### Travel & Insurance Requirements

#### Traveling Outside the U.S.



- Travel is **NEVER** recommended when your application is pending <u>AND</u> your academic program already ended.
- Travel may be ok before program end date under certain circumstances but always ask an International Student Advisor first!



#### How to Re-Enter Safely

- ☐ Valid Passport
- ☐ Valid F-1 Visa Stamp
- Freshly Signed OPT I-20

O Request a travel signature online Request Documents or Signatures | California State University Long Beach (csulb.edu)

- EAD Card
- Letter from your Employer
- Contact information for the designated school official (DSO) at your school

#### More info at:

studyinthestates.dhs.gov/2014/06/know-before-you-go-international-students-and-summer-travel

#### Health Insurance



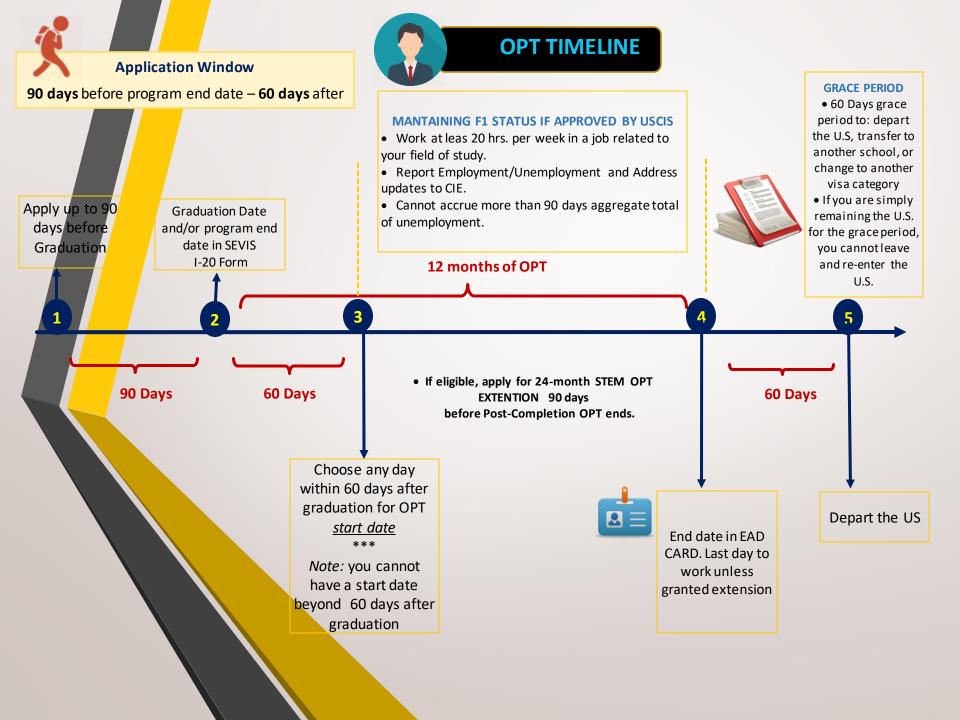
- Purchase JCB Insurance
- · Purchase an international insurance program you prefer
- Health Insurance is not required but ABSOLUTLY recommended!



https://jcbins.com/

- ☐ OPT Students may enroll in the JCB Plan on a voluntary basis.
- □ OPT students may purchase a maximum of 12 consecutive months of coverage from the OPT effective date.
- ☐ OPT extension coverage beyond 12 months is not allowed.
- Enrollment must be completed **within 30 days** of the expiration of prior coverage on the schools' student health insurance plan. A gap in coverage is not allowed.
- ☐ A copy of a valid EAD or OPT application or receipt (I-765 or I-797c) is required to enroll.
- □ Inquired with ISS Advisor about alternative insurance providers for OPT students.

Ending Post-Completion OPT



#### End of OPT

You have a **60 Day Grace** Period to:

- Depart the U.S.
- Complete a transfer to another college/university to study full-time again
- Complete a change of program level here at CSULB (i.e. B.A., M.A.)
- Seek a Change of Status to a different visa type

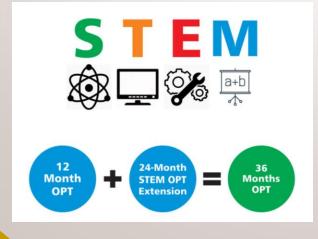


#### Cap Gap

Students who are eligible for a Cap-Gap extension of post-completion OPT employment and F1-status may request an updated I-20 from a DSO.



#### 24 Month STEM OPT Extension



Students who are eligible MUST apply 90 days before OPT expires.

For more information visit us at www.cpie.csulb.edu/employment

Helpful Resources



### The Career Development Center (CDC)

- Online: http://careers.csulb.edu/
- Learn about:
  - Resume Writing
  - Internships
  - Job Search Strategies
  - Interview Skills

### Beach Connect- Advising & Tutoring



Online:

#### sso.csulb.edu

- Meet with your immigration advisors
- Access university resources

#### STUDY in the STATE

STUDENTS

**SCHOOLS** 

BLOG



Prospective and current F or M students can use information on this page to learn about the process and rules for studying in the United States as an international student.

#### **Connect online:**

studyinthestates.dhs.gov/students



Watch the I-901 SEVIS Fee tutorial video for a step-by-step guide for each step of the payment process

#### **LEARN**

How to Study in the States

View the Study Guide to the States Obtain a Form I-20 Know about F or M Status





VIN

1 and M-1 Students

#### Center for International Education International Student & Scholars

#### Contact ISS



Monday-Thursday, 9:00 a.m. - 4:00 p.m.

Closed every day 12:00 p.m. - 1:00 p.m.

Fridays: 9:00 a.m. - 3:00 p.m.

Location: FND 185B

Email: <u>cie-student@csulb.edu</u>

www.csulb.edu/international

Facebook: CSULB International Student Services

Instagram: CSULB\_ISS