

TABLE OF CHANGES – FORM
Form I-765, Application for Employment Authorization
OMB Number: 1615-0040
07/27/2020

Reason for Revision: Fee Rule

Project Phase: Post G-1056

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 06/30/2022

Edition Date 06/30/2020

Current Page Number and Section	Current Text	Proposed Text
Page 1	<p>[Page 1]</p> <p>To be completed by an Attorney or Accredited Representative (if any). Select this box if Form G-28 is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)</p> <p>START HERE - Type or print in black ink.</p>	<p>[Page 1]</p> <p>To be completed by an Attorney or Accredited Representative. Select this box if Form G-28 is attached. Attorney State Bar Number Attorney or Accredited Representative USCIS Online Account Number</p> <p>START HERE - Type or print in black ink.</p> <p>Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “None” unless otherwise directed.</p>
Page 1-3, Part 2. Information About You	<p>[Page 1]</p> <p>Part 2. Information About You</p> <p>1. Your Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. Other Names Used Provide all other names you have ever used,</p>	<p>[Page 1]</p> <p>Part 2. Information About You</p> <p>1. Your Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. Other Names Used Provide all other names you have ever used,</p>

	<p>including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.</p> <p>Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>[Page 2]</p> <p>3. Your U.S. Mailing Address or Safe Mailing Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code</p> <p>4. Is this a safe mailing address? Yes No</p> <p>5. Is your current mailing address or safe mailing address the same as your physical address? Yes No</p> <p>NOTE: If you answered “No” to Item Number 5., provide your physical address below.</p> <p>6. U.S. Physical Address Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code</p> <p>Other Information</p> <p>7. Alien Registration Number (A-Number) (if any)</p> <p>8. USCIS Online Account Number (if any)</p> <p>9. Gender Male Female</p> <p>10. Marital Status</p>	<p>including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.</p> <p>Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>[Page 2]</p> <p>3. Your U.S. Mailing Address or Safe Mailing Address In Care Of Name Street Number and Name Apt./Ste./Flr. [Number] City or Town State ZIP Code</p> <p>4. Is this a safe mailing address? Yes No</p> <p>5. Is your current mailing address or safe mailing address the same as your physical address? Yes No</p> <p>NOTE: If you answered “No” to Item Number 5., provide your physical address below.</p> <p>6. U.S. Physical Address Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code</p> <p>Other Information</p> <p>7. Alien Registration Number (A-Number)</p> <p>8. USCIS Online Account Number</p> <p>9. Gender Male Female</p>
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	System (SEVIS) Number (if any)	20. Student and Exchange Visitor Information System (SEVIS) Number <input type="checkbox"/>
Page 3-4, Part 3. Information About Your Eligibility Category	[Page 3] Part 3. Information About Your Eligibility Category 1. 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)). [Three fillable fields separated by parenthesis] 2. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 1. , provide the information requested in Items A. - C. A. Degree B. Employer's Name as Listed in E-Verify C. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number 3.A. (c)(8) Eligibility Category. If you entered the (c)(8) eligibility category in Item Number 1. , are you eligible for benefits under the ABC settlement agreement as a Salvadoran or Guatemalan national? Yes No B. If you entered the eligibility category (c)(8) in Item Number 1. , have you EVER been arrested for and/pr convicted of any crime? Yes No NOTE: If you answered "Yes" to Item B. in Item Number 3. , 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. 4. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 1. , 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.	[Page 3] [no change]

	<p>[Page 4]</p> <p>5.A. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 1., 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 1., please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.</p> <p>B. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 1., have you EVER been arrested for and/or convicted of any crime? Yes No</p> <p>NOTE: If you answered “Yes” to Item B. in Item Number 5., 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.</p> <p>[new]</p>	<p>6. If you entered the eligibility category (c)(9) in Item Number 1., and are applying under one of following immigrant categories, select the applicable box. Select only one box.</p> <p><input type="checkbox"/> I am the principal applicant adjusting status under the Cuban Adjustment Act for battered spouses and children.</p> <p><input type="checkbox"/> I am the principal applicant adjusting status based on my dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children.</p> <p><input type="checkbox"/> I am the principal applicant adjusting status under the Nicaraguan Adjustment and Central American Relief Act for battered spouses and children.</p> <p><input type="checkbox"/> I am a Special Immigrant based on an approved Form I-360 as an Afghan or Iraqi Translator or Interpreter, Iraqi National employed by or on behalf of the U.S. Government, or Afghan National employed by or on behalf of the U.S. government or employed by the International Security Assistance Forces.</p>
<p>Page 8,</p> <p>Part 8. Additional Information</p>	<p>[Page 8]</p> <p>Part 8. Additional Information</p> <p>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</p>	<p>[Page 8]</p> <p>Part 8. Additional Information</p> <p>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</p>

	<p>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.</p> <p>1. Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. A-Number (if any)</p> <p>3. A. Page Number B. Part Number C. Item Number D. [Fillable field]</p> <p>4. A. Page Number B. Part Number C. Item Number D. [Fillable field]</p> <p>5. A. Page Number B. Part Number C. Item Number D. [Fillable field]</p> <p>6. A. Page Number B. Part Number C. Item Number D. [Fillable field]</p>	<p>application or attach a separate sheet of paper. Type or print your name and A-Number 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.</p> <p>1. Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. A-Number</p> <p>3. A. Page Number B. Part Number C. Item Number D. [Fillable field]</p> <p>4. A. Page Number B. Part Number C. Item Number D. [Fillable field]</p> <p>5. A. Page Number B. Part Number C. Item Number D. [Fillable field]</p> <p>6. A. Page Number B. Part Number C. Item Number D. [Fillable field]</p>
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