

OPT APPLICATION SAMPLE

VISA & IMMIGRATION SERVICE ADVISING



OLD DOMINION
UNIVERSITY

February 2021

OPT APPLICATION CHECKLIST

Submit single-sided documents only

1. Complete OPT request form & responsibilities page
2. Approval from your GPD (GR) or Academic Advisor (UG)
3. Signed I-765 **form**
4. Copies of passport ID page, expiration date page, visa stamp
5. I-94 arrival record print-out
6. Single-sided copies of all I-20s ever issued to you by ODU or any other school that you have attended
7. 2 photos taken within 30 days of filing your application. The photos must be in color with full face, frontal view on a white to off-white background. Your head must be bare unless you are wearing headwear as required by a religious order of which you are member. With a pencil, lightly write your name and SEVIS ID number on the back.
8. G-1450 form to authorize credit card payment **OR** a check for \$ 410 made out to “U.S. Department of Homeland Security”; write “OPT” and your SEVIS ID # in the memo section at the bottom left; sign the bottom right
9. G-1145 form (E-Notification for Application/Petition Acceptance) - **OPTIONAL**



OPT Request Form

View your addresses in LeoOnline

Enter your academic program info

Enter your requested OPT EAD start date

Start date can be as early as the day after your program end date and must be no later than 60 days after your program end date

SIGN & DATE HERE

Your Academic Advisor (UG) or Graduate Program Director (GR) must complete this section

REQUEST FOR REGULAR OPT		
Personal Information		
Name	_____	UIN _____
Student E-Mail	_____@odu.edu	Phone _____ SEVIS ID# N _____
Current U.S. Address	_____	
This should be <u>your</u> current residential address. If using another address to get your EAD, put it on the I-765—not on this form.		
Need a letter to request your VA Driver's License to be extended for 60 days past program end date? <input type="radio"/> Yes <input type="radio"/> No		
Academic Program Information		
Major	_____	<i>Applied</i> Graduation <input type="radio"/> May <input type="radio"/> August <input type="radio"/> December Year _____
Level:	<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Ph.D.	Expiration Date of Current I-20: _____
Is your major on your I-20 correct? <input type="radio"/> Yes <input type="radio"/> No		
PhD Students ONLY: Will your requested OPT start date be BEFORE your dissertation defense? <input type="radio"/> YES <input type="radio"/> NO		
If yes, did you speak with your immigration advisor about your OPT timeline? <input type="radio"/> YES <input type="radio"/> NO		
Requested Dates for Your OPT EAD Card		
Start Date:	_____ (within 60 days of your program end date)	End Date: _____
<i>I agree to follow the policies and procedures outlined on the Regular OPT Responsibilities Form.</i>		
<i>You may receive an email from Terra Dotta, the software our office uses. PLEASE TAKE NO ACTION.</i>		
Signature	_____	Date _____
Graduate Program Director (Graduate)/ Academic Advisor (Undergraduate)		
• When did or will this student complete his/her coursework? Month _____ Year _____		
• Student's confirmed semester of graduation? <input type="radio"/> May <input type="radio"/> August <input type="radio"/> December 20 _____ OR <input type="radio"/> PhD ABD		
• Student's major: _____		
Signature	_____	Date _____
Name & Title	_____	
Phone	_____	E-Mail _____
FOR VISA USE ONLY		
BANNER	TerraDotta	DMV Letter: Yes NA
SOAHOLD: Yes No	OPT Workshop Date: _____	Shorten Program: Yes NA
SHATERM: _____ (GPA)	Prior CPT/OPT: Yes No	Major Updated: Yes NA
SHADEGR: Yes No	I-765 Version:	New OPT Added: Yes
SPAIDEN: Yes NA		TD Unintegrated: Yes
SFAREGF: _____ #cr. Less than full-time, RLC on file: Yes No		
Comments: _____		



OPT Responsibilities Form

Regular OPT Responsibilities Form

All applicants for OPT must ensure they have met all Immigration-mandated requirements and must also show they are aware of the responsibilities to maintain their status. This form will help you be aware of what you must do. Please **INITIAL EACH SECTION** in the space provided to indicate your understanding of the items below. Any changes to the following policies and regulations will be announced on the ISSlist-I listserv, to which all ODU international students must belong. There is a separate F-1 OPT Responsibilities Form for STEM OPT.

While on Regular OPT (12-month authorization), I understand that:

1. I must complete my thesis/project and graduate **before the start date of my OPT**. (This may not apply to Ph.D. students.)
2. **EMPLOYMENT:** I must notify VISA of any information updates while I am on OPT (e.g. name change, address changes, etc.). In addition, I will send VISA a scan of my EAD when I receive it.
3. **TRAVEL:** If I leave and return to the U.S. during my OPT, I must be returning to begin or resume a job upon re-entry and will have proof of my employment, my EAD and my I-20 (with valid travel signature). Travel while my application is pending with USCIS is strongly discouraged.
4. **I-20:** OPT Authorization and dates will be listed on the second page of the I-20. I-20s will not be issued automatically upon OPT approval or employment update, but I may request an updated I-20 if needed.
5. **OPT EMPLOYMENT UPDATES:** I can change employers and/or have multiple jobs as long as all employment is directly related to my major (including volunteer work). If I change my job or become unemployed, I must notify VISA via the OPT Employment Update.
6. **UNEMPLOYMENT:** I have a period of 90 days in which I can be unemployed but remain in the U.S.
7. **CLASS REGISTRATION:** I can register for one or two classes per semester for recreational or professional development reasons but only as a nondegree student.
8. **INSURANCE:** Having health insurance is **STRONGLY** recommended when I am doing OPT, and I am still eligible for the ODU health insurance.
9. **SEVIS TRANSFER:** My OPT will be terminated once my I-20 is transferred from ODU to another school or an I-20 for another degree program is issued.
10. **STEM OPT:** If I am eligible for STEM OPT, I will submit my application to VISA between three and four months before my Regular OPT expires.
11. **POLICY UPDATES:** This responsibilities form is valid for current VISA policies and USCIS regulations. I will follow any regulatory updates, which will be announced on the VISA site and/or via the ISSlist.

I have read and agree these regulations.

Student Name (Print) & UIN

Student Signature Date

Visa & Immigration Service Advising

intlstu@odu.edu

**CAREFULLY READ AND
SIGN THE
RESPONSIBILITIES FORM**



I-765 FORM – PAGE 1 OF 7



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 07/31/2022

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through		
	Alien Registration Number A- []		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)- accredited representative (if any).

Select this box if Form G-28 is attached.

Attorney or Accredited Representative USCIS Online Account Number (if any) []

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

Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Other Names Used

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

Additional Information.

- 2.a. Family Name (Last Name) []
- 2.b. Given Name (First Name) []
- 2.c. Middle Name []
- 3.a. Family Name (Last Name) []
- 3.b. Given Name (First Name) []
- 3.c. Middle Name []
- 4.a. Family Name (Last Name) []
- 4.b. Given Name (First Name) []
- 4.c. Middle Name []

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name) []
- 1.b. Given Name (First Name) []
- 1.c. Middle Name []

Part 1. Item 1.a. Select Initial Permission to accept employment

Part 2. Item 2.a. Your other names such as maiden name, nicknames
Write N/A for not applicable

Part 2. Item 1.a. Your Family and Given Name



I-765 FORM – PAGE 2 OF 7

Item 5.a. “In care of name”: if your mail is sent to someone other than yourself, write the recipient’s name.
IMPORTANT!!! THIS IS THE ADDRESS TO WHICH YOUR EAD CARD WILL BE MAILED

Item 6. U.S. Physical address will become fillable when you select “NO” here

Item 7.a. – 7.d. If you checked “NO” in Q6. Enter your current SEVIS address

Item 8. If you do not have A #, write “NONE”
 If you have had an EAD card before, your EAD card will have the 9-digit number beneath “USCIS #.”
 Do not enter your I-94 #. You will enter your I-94 number in Q21.
Item 9. If you have filed an application with USCIS online, write your account number here. If you have never filed an application online, write “NONE”.

Item 18.a & 18.b. Answer both questions.

Part 2. Information About You (continued)

Your U.S. Mailing Address (USPS ZIP Code Lookup)

5.a. In Care Of Name (if any)

5.b. Street Number and Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State 5.f. ZIP Code

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

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

U.S. Physical Address

7.a. Street Number and Name

7.b. Apt. Ste. Flr.

7.c. City or Town

7.d. State 7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)
 ▶ A-

9. USCIS Online Account Number (if any)
 ▶

10. Gender Male Female

11. Marital Status
 Single Married Divorced Widowed

12. Have you previously filed Form I-765?
 Yes No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
 Yes No

NOTE: If you answered “No” to Item Number 13.a., skip to Item Number 14. If you answered “Yes” to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).
 ▶

14. Do you want the SSA to issue you a Social Security card? (You must also answer “Yes” to Item Number 15., Consent for Disclosure, to receive a card.)
 Yes No

NOTE: If you answered “No” to Item Number 14., skip to Part 2, Item Number 18.a. If you answered “Yes” to Item Number 14., you must also answer “Yes” to Item Number 15.

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.
 Yes No

NOTE: If you answered “Yes” to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father’s Name
 Provide your father’s birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Mother’s Name
 Provide your mother’s birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

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

18.a. Country

18.b. Country

Item 14. If you do not have a social security number, you can request one by selecting “YES”



Item 21.a. Retrieve I-94: i94.cbp.dhs.gov
I-94 can be retrieved within 5 years of entry

Item 21.c. Document used to enter the US instead of the passport. Write **"NONE"** if you have a passport

Item 23. Name of the Port of Entry city, for example: Washington DC, Atlanta, New York

Item 24. Write **"F-1 student"** if you entered the US on an F-1 visa. If you entered the US on a different visa and **changed your status to F-1 after you arrived**, write the visa status that you used to enter the US.

Item 25. Write **"F-1 Student"**

Item 26. Your SEVIS # from your current I-20

Part 2. Information About You (continued)

Place of Birth

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

19.a. City/Town/Village of Birth

19.b. State/Province of Birth

19.c. Country of Birth

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

Information About Your Last Arrival in the United States

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

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

21.c. Travel Document Number (if any)

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

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

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

23. Place of Your Last Arrival Into the United States

24. 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 any)

▶ 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)(17)(iii)).

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a. - 28.c.**

28.a. Degree

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

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

30. **(c)(8) Eligibility Category** If you entered the eligibility category (c)(8) in **Item Number 27.**, provide the information requested in **Item Numbers 30.a. - 30.g.**

30.a. Have you **EVER** been arrested for, and/or charged with, and/or convicted of any crime in any country?
 Yes No

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

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you **MUST** provide evidence of your lawful entry.)
 Yes No

30.c. If you answered "No" to **Item Number 30.b.**, did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry **AND** express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country?
 Yes No

! IMPORTANT!
Item 27.
ENTER "C 3 B"

Items 28 – 30c
Leave Blank



Items 30.d – 31.b
Leave Blank

Part 2. Information About You (continued)

If you answered "Yes" to Item Number 30.c., provide the following information:

30.d. Date you presented yourself to DHS

30.e. Location where you presented yourself to DHS

30.f. Country of claimed persecution

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

NOTE: Refer to the Special Filing Instructions for Those With Pending Asylum Applications (c)(8) section of the Form I-765 Instructions for more information.

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

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime? Yes No

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.

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

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

Applicant's Statement

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

1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. The interpreter named in Part 4. read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in Part 5., , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

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

Applicant's Declaration and Certification

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

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

Select Item 1.a.

Complete Items 3-5.



IMPORTANT!
SIGN WITH BLUE OR BLACK PEN AND DATE
NO PHOTOCOPIES
NO ELECTRONIC SIGNATURES
SIGNATURE MUST FIT INSIDE BOX

Part 4. Items 1.a, 1.b, and 2. Write N/A for not applicable

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

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

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

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

Applicant's Signature

7.a. Applicant's Signature

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

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

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

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

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

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

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

**Items 3a – 7b
Leave Blank**



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

Provide the following information about the preparer.

Preparer's Full Name

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

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

Preparer's Statement

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

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

Preparer's Certification

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

Preparer's Signature

- 8.a. Preparer's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

WIA



I-765 FORM – Page 7

You need to complete this part 6 if you:

- had a different SEVIS Number
- completed CPT
- applied for OPT before
- changed your visa status in the US.

If you need to enter multiple events on this page, enter what happened most recently in item 3.a., next recent in item 4.a. etc.

For example:

Page Number	3.b. Part Number	3.c. Item Number
3	2	27

CPT Authorization

Enter whether your CPT was "Full-Time" or "Part-Time"

Enter the SEVIS Number you had while on CPT

Enter the dates for your CPT

Enter your educational level at the time of CPT (bachelor's, master's, Ph.D., etc.)

OPT Authorization

Enter whether your OPT was "Full-Time" or "Part-Time"

Enter the SEVIS Number you had while on OPT

Enter the dates for your OPT

Enter your educational level at the time of OPT (bachelor's, master's, Ph.D., etc.)

Part 6. Additional Information

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number	3.b. Part Number	3.c. Item Number
3	2	27

3.d. _____

Previous SEVIS ID number

N0012345678 ◀ Your previous SEVIS Number

09/05/2015 - 05/15/2017 ◀ Dates you had that SEVIS Number

Bachelor's ◀ Your educational level with that SEVIS Number

4.a. Page Number	4.b. Part Number	4.c. Item Number
3	2	27

4.d. _____

CPT Authorization

Enter whether your CPT was "Full-Time" or "Part-Time"

Enter the SEVIS Number you had while on CPT

Enter the dates for your CPT

Enter your educational level at the time of CPT (bachelor's, master's, Ph.D., etc.)

5.a. Page Number	5.b. Part Number	5.c. Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

5.d. _____

6.a. Page Number	6.b. Part Number	6.c. Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

6.d. _____

7.a. Page Number	7.b. Part Number	7.c. Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

7.d. _____



Photocopies of Your ALL I-20s

- Please do not submit your original I-20s or copies of your dependents' I-20s.
- Make sure you have signed all your I-20s on page 1.

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0004720633

SURNAME/PRIMARY NAME Sample	GIVEN NAME Student	Class of Admission F-1
PREFERRED NAME Student Sample, II	PASSPORT NAME	
COUNTRY OF BIRTH LAOS	COUNTRY OF CITIZENSHIP LAOS	ACADEMIC AND LANGUAGE
DATE OF BIRTH 04 MAY 1998	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME	

SCHOOL INFORMATION

SCHOOL NAME SEVIF School for Advanced SEVIS Studies	SCHOOL ADDRESS 9002 Nancy Lane, Ft. Washington, MD 20744
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Helene Robertson	SCHOOL CODE AND APPROVAL DATE BAL214F4444000 03 APRIL 2018

PROGRAM OF STUDY

EDUCATION LEVEL BACHELOR'S	MAJOR 1 History and Philosophy of Science and Technology 54.0104	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 04 APRIL 2016
START OF CLASSES 01 JUNE 2016	PROGRAM START END DATE 04 MAY 2016 - 30 MAY 2020	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS	STUDENT'S FUNDING FOR: 9 MONTHS
Tuition and Fees \$ 19,000	Personal Funds \$ 19,000
Living Expenses \$ 4,000	Funds From This School \$
Expenses of Dependents (0) \$ 0	Funds From Another Source \$
Other \$ 0	On-Campus Employment \$
TOTAL \$ 19,000	TOTAL \$ 19,000

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X
SIGNATURE OF: Helene Robertson, FDSO DATE ISSUED: 04 May 2016 PLACE ISSUED: Ft. Washington, MD

STUDENT ATTESTATION

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

X
SIGNATURE OF: Student Sample DATE

NAME OF PARENT OR GUARDIAN X SIGNATURE ADDRESS (city/state or province/country) DATE

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0004720633 (F-1) NAME: Student Sample

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL-PART-TIME	STATUS	START DATE	END DATE
CPT	PART TIME	APPROVED	01 JULY 2016	15 JULY 2016

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES		
CPT	01 JULY 2016 - 15 JULY 2016		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
SEVIF applied labz	01 JULY 2016	15 JULY 2016	Arlington, VA

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE 01 JUNE 2016	CURRENT SESSION END DATE 30 JUNE 2016
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TRAVEL ENDORSEMENT

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

SCHOOL OFFICIAL	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

ICE Form I-20 A-B (3/31/2018) Page 2 of 3

Page 2

Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The information solicited will be used by the Department of State and the Immigration and Naturalization Service to determine eligibility for the benefits requested.

INSTRUCTIONS TO DESIGNATED SCHOOL OFFICIALS

1. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact or using any false document in the submission of this form. Designated school officials should count repetitions pertaining to the issuance of Form I-20 A-B at 8 CFR 214.3 (K) before completing this form. Failure to comply with these regulations may result in the withdrawal of the school approval for attendance by foreign students by the Immigration and Naturalization Service (8 CFR 214.4).

2. **ISSUANCE OF FORM I-20 A-B.** Designated school officials may issue a Form I-20 A-B to a student who fits into one of the following categories: if the student has been accepted for full-time attendance at the school as a prospective F-1 (nonimmigrant student), by an F-1 transfer student, or a student advancing to a higher educational level at the school; if the student is the dependent spouse or child of an F-1 student; or if the student is a dependent spouse or child of an F-1 student who is not permitted to work off-campus or to engage in business without employment authorization. After your first year in F-1 student status, you are required to give authorization to the Form I-538 based on financial support for receiving student status, or the need to obtain practical training.

3. **ENDORSEMENT OF PAGE 1 OF FORM I-20 A-B.** Designated school officials may endorse page 1 of the Form I-20 A-B to allow a student and/or the F-2 dependents to re-enter the United States after a temporary absence from the United States. Each endorsement is valid for one year. If there have been changes in their status, you must endorse your new Form I-20 A-B should be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

4. **REPORTING REQUIREMENTS.** Designated school officials should always forward the top page of the Form I-20 A-B to the DHS processing center at P.O. Box 2600, Kansas City 64121 for data entry, except when the form is issued to a student for initial entry or reentry into the United States, or for reinstatement of student status. Requests for reinstatement should be sent to the Immigration and Naturalization Service district office having jurisdiction over the student's temporary residence in this country.

5. **CERTIFICATION.** Designated school officials should certify on the bottom part of page 1 of this form that the Form I-20 A-B is completed and issued in accordance with the pertinent regulations. The designated school official should remove the carbon sheet, sign, date, and stamp the Form I-20 A-B before forwarding it to the student.

6. **ADMISSION RECORDS.** Since the Immigration and Naturalization Service may request information concerning the student's status for various reasons, designated school officials should maintain evidence which shows the scholastic ability and financial resources of the student which admission was based, until the school has reported the final termination of studies to the Immigration and Naturalization Service.

INSTRUCTIONS TO STUDENTS

1. **Student Certification.** You should read everything on this page carefully and be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before you sign the student certification on the bottom part of page 1. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

2. **ADMISSION.** A nonimmigrant student may be admitted for duration of status. This means that you are authorized to stay in the United States for the entire length of time during which you are enrolled as a full-time student in an educational program and any period of authorized practical training plus sixty days. While in the United States, you must maintain a valid foreign passport unless you are exempt from passport requirements. You may continue from one educational level to another, such as progressing from high school to a bachelor's program or a bachelor's program to a master's program, etc., simply by availing the procedures for school transfers.

3. **SCHOOL.** For initial admission, you must attend the school specified on your visa. If you have a Form I-20 A-B from more than one school, it is important to have the name of the school you intend to attend specified on your visa by presenting a Form I-20 A-B from that school to the visa issuing consular officer. Failure to attend the specified school will result in the loss of your student status and subject you to deportation.

4. **REENTRY.** A nonimmigrant student may be readmitted after a temporary absence of five months or less from the United States, if the student is otherwise admissible. You may be readmitted by presenting a valid foreign passport, a valid visa, and either a new Form I-20 A-B or a page 3 of the Form I-20 A-B (the I-20 ID Copy) properly endorsed for reentry if the information on the I-20 form is current.

5. **TRANSFER.** A nonimmigrant student is permitted to transfer to a different school provided the transfer procedure is followed. To transfer schools, you should first notify the school you are attending of the intent to transfer, then obtain a Form I-20 A-B from the school you intend to attend. Transfer will be effected only if you present a Form I-20 A-B to the designated school official within 15 days of the date you leave the current school. The designated school official will then issue a new Form I-20 A-B to the student. The designated school official will then issue a new Form I-20 A-B to the student. The designated school official will then issue a new Form I-20 A-B to the student.

6. **EMPLOYMENT.** You cannot complete the educational program after having been in the United States longer than the anticipated length of the program plus a grace period. An application for extension of stay on a Form I-538 should be filed with the Immigration and Naturalization Service district office having jurisdiction over the school at least 15 days but no more than 60 days before the expiration of the authorized stay.

7. **EMPLOYMENT.** As an F-1 student, you are not permitted to work off-campus or to engage in business without employment authorization. After your first year in F-1 student status, you are required to give authorization on Form I-538 based on financial support for receiving student status, or the need to obtain practical training.

Notice of Address. If you move, you must give notice within 10 days of the change of address to the Immigration and Naturalization Service. (Form I-20 A-B is not valid if you do not have a current address on file at any DHS office.)

Departure. When you leave the United States, you must surrender your Form I-20 A-B to the Immigration and Naturalization Service. If you do not have a current address on file at any DHS office, you must surrender your Form I-20 A-B to the Immigration and Naturalization Service. If you do not have a current address on file at any DHS office, you must surrender your Form I-20 A-B to the Immigration and Naturalization Service. If you do not have a current address on file at any DHS office, you must surrender your Form I-20 A-B to the Immigration and Naturalization Service.

10. **FINANCIAL SUPPORT.** You must be financially able to support yourself and any dependents in the United States while pursuing your education. You are required to attach documentary evidence of assets of sufficient value to cover the cost of your education.

11. **Authorization to Re-enter the United States by School.** To comply with reports from the United States Department of Justice, Immigration and Naturalization Service for information concerning your status, you are required to give authorization to the named school official on the bottom part of page 1 of this form. The school will provide information from your records. The school will provide information from your records, country of birth, current address, and any other information requested.

12. **ADMISSION RECORDS.** Since the Immigration and Naturalization Service may request information concerning the student's status for various reasons, designated school officials should maintain evidence which shows the scholastic ability and financial resources of the student which admission was based, until the school has reported the final termination of studies to the Immigration and Naturalization Service.

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REPORTING BURDEN. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Justice, Immigration and Naturalization Service (Room 2011), Washington, D.C. 20536, and to the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1111-0011, Washington, D.C. 20503.

Form I-20 A-B (Rev. 04-27-88)N



I-94 arrival record

Electronic I-94:

You can get the most recent I-94 :

<https://i94.cbp.dhs.gov>



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

Get I-94 Number I-94 FAQ

Admission (I-94) Number Retrieval

Admission (I-94) Record Number: 69000888062

Admit Until Date (MM/DD/YYYY): 10/10/2012

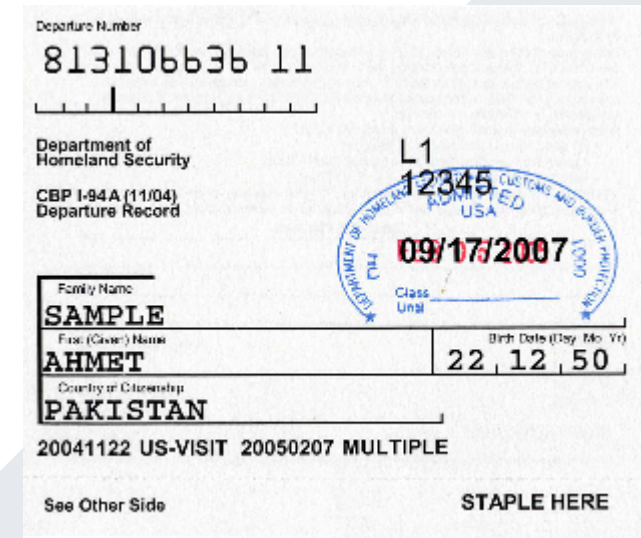
Details provided on Admission(I-94) form:

Family Name:	LI
First (Given) Name:	LYDIA
Birth Date (MM/DD/YYYY):	01/01/1990
Passport Number:	P123123213
Passport Country of Issuance:	Mexico
Date of Entry (MM/DD/YYYY):	04/11/2012
Class of Admission:	B1

Paper I-94:

U.S. Customs & Border Protection (CBP) began the automation of the I-94 records on April 30, 2013

OR



Departure Number
813106636 11

Department of Homeland Security
CBP I-94A (11/04)
Departure Record

L1
12345
09/17/2007
Class
Unit

Family Name
SAMPLE

First (Given) Name
AHMET

Country of Citizenship
PAKISTAN

Birth Date (Day Mo. Yr)
22, 12, 50

20041122 US-VISIT 20050207 MULTIPLE

See Other Side STAPLE HERE



Payment

Check for \$410 made out to U.S. Department of Homeland Security

All checks must have the account holder's current address. Please write the address you used to open the account. Take special care to note the order in which addresses are written in the US.

Dates in the US are written in a MONTH/DAY/YEAR format. However, if your country writes it as DAY/MONTH/YEAR, you can write the date as it is below.

Bank Routing Number

Bank Account Number

Check Number

Write your SEVIS ID number followed by "OPT" in the Memo area.

Sign your checks just like any official document. Your signature should be consistent with your driver's license, passport, etc.

OR

Completed G-1450 – Authorization for Credit Card Transactions



Authorization for Credit Card Transactions
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1450
OMB No. 1615-0131
Expires 01/31/2021

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "Applicant's/Petitioner's/Requester's Information," "Credit Card Billing Information," and "Credit Card Information" sections and sign the authorization.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in USCIS and your financial institution not accepting the payment. USCIS cannot process credit card payments without an authorized signature.

NOTE: Form G-1450 may only be used with a form being submitted to a USCIS Lockbox. **Do not submit this form to a USCIS Field Office. They will not accept it.**

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

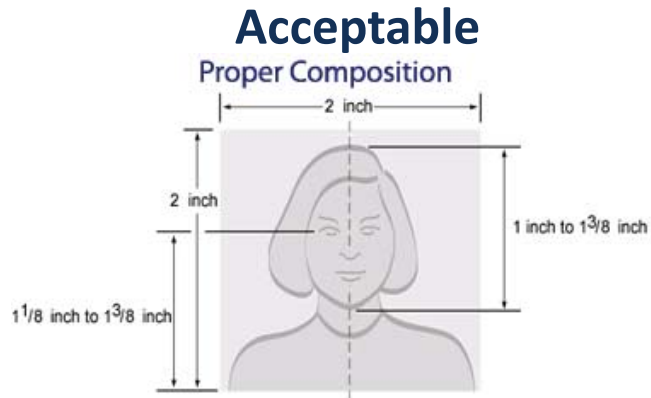
Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town	State	ZIP Code
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address	
Credit Card Information		
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Authorized Payment Amount \$.00
Credit Card Expiration Date (mm/yyyy)		

IMPORTANT!
DO NOT FORGET TO SIGN THE G-1450 FORM
DOUBLE CHECK YOUR DEBIT/CREDIT CARD NUMBER

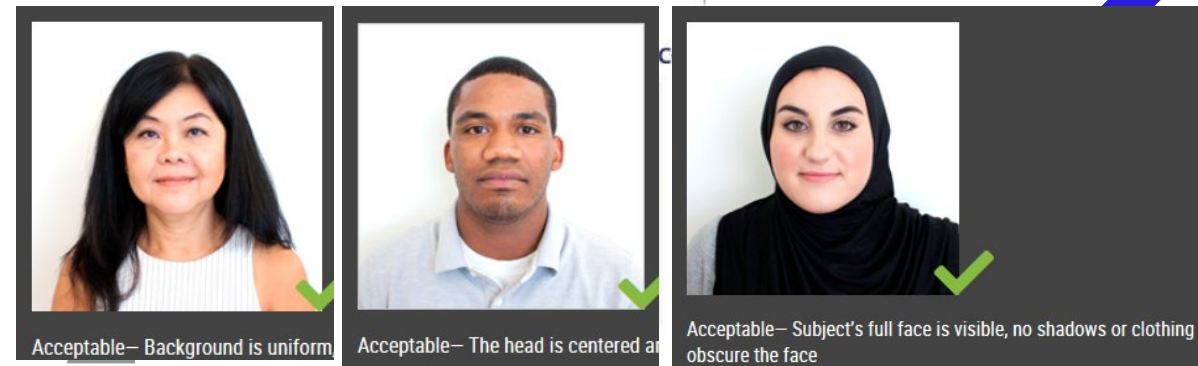
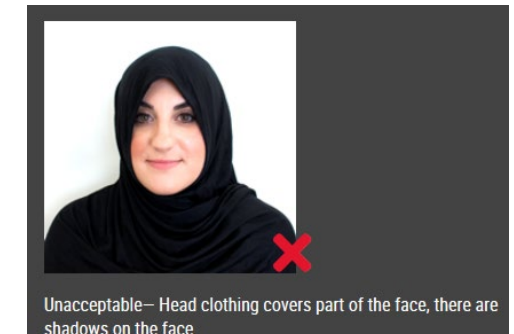


2 Photos : 2 by 2 inches (51 mm x 51mm)

- 2 identical color passport-style photographs taken recently
- white to off-white background, be printed on thin paper with a glossy finish
- Glasses are not allowed
- Directly facing camera with a neutral expression, eyes are clearly visible
- Head centered and sized between 1" and 1.4" (25 and 35 mm)
- **Using a pencil or felt pen, lightly print your name and your SEVIS Number on the back of the photo.**



Unacceptable



OPTIONAL: G-1145 E-notification of Application Acceptance

Completed G-1145 Form

E-Notifications do not include any personal information, including your name, because email and text message are not secure ways for us to transmit this information. The notification will list your receipt number and tell you how to obtain case status information.



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 receiving 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/USCTS-001 - Alien File \(A-File\) and Central Index System \(CIS\)\]](#), which can be found at www.dhs.gov/privacy. 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 First Name	Applicant/Petitioner Full Middle Name
Email Address		Mobile Phone Number (Text Message)

STEM OPT APPLICATION

SUBMIT YOUR APPLICATION 90 DAYS
BEFORE YOUR REGULAR OPT END DATE

CHECK YOUR STEM ELIGIBILITY HERE:

<https://studyinthestates.dhs.gov/eligible-cip-codes-for-the-stem-opt-extension>



OLD DOMINION
UNIVERSITY