

To be eligible to participate in temporary employment before completion of the requirements for your degree program, the following must be met:

1. The practical training is for the sole purpose of training,
2. The training is related to your field of study and is less than 12 months in duration, (Any Optional Pre-Completion OPT time will be deducted from the available 12 months of training, leaving the remainder for Post-Completion Practical Training)
3. You have not accrued one year or more of full-time curricular practical training (CPT),
4. You have been enrolled as a full-time student for at least one academic year (two semesters), and
5. You are otherwise in legal status at the time of application.
6. If you have already completed a full academic year, you may apply up to 90 days in advance of the employment start date.

**Part I. Student Information**

1. Student Name \_\_\_\_\_ 2. CUID No. \_\_\_\_\_ 3. SEVIS ID No. \_\_\_\_\_  
 4. Degree \_\_\_\_\_ 5. Major \_\_\_\_\_ 6. No. of Credits Remaining to Graduate \_\_\_\_\_  
 7. Expected Date of Completion \_\_\_\_\_ 8. Proposed OPT Start Date \_\_\_\_\_ and End Date \_\_\_\_\_  
 (Employment End Date must be on or before completion date of your degree program)

**Part II. Past Employment Information**

9. List All Periods of Previous Authorized Employment for Practical Training (If Applicable)

Curricular Practical Training	Optional Practical Training

**Part III. Contact Information and Signatures**

Student		Academic Advisor/Department Chair	
Name		Name	Title
Address		Phone	Email
Phone No.		Department anticipates student will complete program on (date)	
Signature		Signature	
Date		Date	

**Part IV. Instructions**

Call (864) 656-3614 to make an appointment with one of your International Services Advisors at OIA and bring the following with you.

1. Completed, signed Form OIA-149
2. Completed Form I-765 (You can use enclosed Form I-765 or download one at <http://www.uscis.gov/files/form/I-765.pdf>)
3. Check or money order for \$340.00 payable to the Department of Homeland Security
4. Photo copy of Form I-94 (front and back)
5. Photo copy of passport and visa (If you are a Canadian citizen, you may enclose a copy of your citizenship card or a birth certificate & a government-issued photo ID)
6. Two U.S. passport-style photos (print your name on back of photo)
7. A copy of your previously approved OPT card (both sides)

During the interview, the International Services Advisor will review your status and if requirements are met, the Advisor will generate an **OPT Form I-20** and make the recommendation for practical training on Page 3 of the Form I-20.

Mail all the documents listed on the left (except item No. 1, Form OIA-149) including the OPT Form I-20, within 30 days after the OPT Form I-20 was issued by certified mail with return receipt to the following address:

**USCIS**

Texas Service Center  
P.O. Box 851041  
Mesquite, TX 75185-1041

For private courier (non-USPS) deliveries to:

**USCIS**

Texas Service Center  
4141 N St. Augustine Rd  
Dallas, TX 75227

If your address provided on Form I-765 is not a South Carolina address, please read page 11 of [Form I-765 Instructions](http://www.uscis.gov/files/form/I-765instr.pdf) to find out the correction filing address. (<http://www.uscis.gov/files/form/I-765instr.pdf>)

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

**I-765, Application For  
Employment Authorization**

**Do not write in this block.**

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		

☐ Application Approved. Employment Authorized / Extended (*Circle One*) until \_\_\_\_\_ (Date).  
 Subject to the following conditions: \_\_\_\_\_ (Date).  
 Application Denied.  
☐ Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).  
☐ Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)

I am applying for: ☐ Permission to accept employment.  
☐ Replacement (*of lost employment authorization document*)  
☐ Renewal of my permission to accept employment (*attach previous employment authorization document*).

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

**Certification**

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

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

**Signature of person preparing form, if other than above:** I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name \_\_\_\_\_ Address \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned

