



International Student Graduates

University records indicate you are approaching the number of credits required to complete your degree. As an international student on an F-1 visa, you are eligible for at least twelve months of degree-related employment, Optional Practical Training ([OPT] is under F-1 Visa). This is designed to provide you with the opportunity to gain experience in your field of study. **However, if you do not obtain employment within 90 days of the start date on your OPT card, you are required to return to your home country.**

You may apply for OPT **90 DAYS** before graduation or **60 DAYS** after graduation, but application **must be received by USCIS** within less than 60 days of grace period after graduation. Failure to do so will result in completion of your F-1 status and you may not remain in the U.S. after the grace period.

You must complete the application by providing all required documents on the attached checklist and submit it after you have attended the mandatory OPT workshop or you may **DROP OFF** your packet at our **office located in the HUB, Building 237 Suite 200 during walk in hours.**

Walk in hours 8am-9am 11am-12.30pm and 2.45pm -3.45pm Monday-Friday.

Please be advised that this process takes at least 5-7 days to complete.

If you plan to immediately begin a new program of study, you are not eligible to apply for OPT. Optional Practical Training is a benefit available for each **higher** degree earned.

Please be advised that OPT is automatically terminated when a student begins a new program of study, or when there is a change in level of study.

Please be advised that if you register for classes during your OPT, the system will automatically cancel your OPT unless you are in a same level of study or in a course that is recreational. Contact the ERAU International student & scholar services office at dbiss@erau.edu if this applies to you.

If you have any questions, please feel free to contact us at DBISS@erau.edu

Sincerely,

International Student & Scholar Services

Form ISSS-114, OPT Application Package Checklist & Mailing Information

ERAU-00026A



EMBRY-RIDDLE
Aeronautical University
DAYTONA BEACH, FLORIDA

600 S. Clyde Morris Blvd.
Daytona Beach, FL 32114-3900
Phone: (386)226-6579
DBISS@erau.edu

Student checklist for OPTIONAL PRACTICAL TRAINING (FORM I-765) APPLICATION

FOR YOUR CONVENIENCE, PLEASE CHECK OFF AS YOU COMPLETE THE FOLLOWING STEPS:

You will submit the following items to the International Student & Scholar Services office for processing of the OPT I-20.
Please be advised that incomplete application packages cannot be processed and will cause processing time delays.

USE BLUE/BLACK INK TO COMPLETE AND SIGN ALL FORMS (I-765 MUST BE COMPLETED IN BLACK)

PLEASE PRINT EVERY DOCUMENT ONE-SIDED AND DO NOT STAPLE DOCUMENTS

- Completed OPT Acknowledgement Form
- Completed Student Checklist form
- Completed form I-765 (BLACK INK ONLY)
- **Option 3:**
 - Students are not allowed to use the University address as their return address for all USCIS applications
 - It is strongly recommended for students to avoid using their ERAU mailbox address
 - Please provide a valid address that can receive mails for the upcoming months
- **Option 16:** the answer to question 16:
 - Post-completion OPT (after you graduate) – (c) (3) (B)
- Check or money order payable to Department of Homeland Security in the amount of \$410.00. **(Cash is not acceptable).**
- Two photocopies of most recent electronic I-94 (www.cbp.gov/I-94).
- Two photocopies of visa page inside your passport.
- Two photocopies of the identity pages of your passport, which include your picture. **PASSPORT MUST BE VALID**
- Two photocopies of any previous EAD card issued (both sides) ***IF APPLICABLE***
- Two passport size photos (2" x 2") with a white background. **Must have been taken at least 30 days from the date of filing application. Photos taken with eye glasses on are NOT ACCEPTABLE.** Print your name, I-94 number, and SEVIS number on the back of the photos. Do not press on the picture.
- Two photocopies of all pages of all I-20s issued.
- One copy of the proof of your Degree Completion Evaluation approval (can be the email from Office of Registrar).
- Start date of your OPT: _____

Choosing your OPT start date

- Earliest date to submit application: At least 90 days prior to your program completion date.
- Latest start date: USCIS must receive your application within 60 calendar days after your program completion date.

Form ISSS-114, OPT Application Package Checklist & Mailing Information

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Mailing from Florida

Receiver's Name: *USCIS Dallas Lockbox*

For U.S. Postal Service (USPS) First-Class and Priority Mail Express deliveries:

USCIS
P.O. Box 660867
Dallas, TX 75266

For overnight/courier deliveries (non-USPS):

USCIS
Attn: AOS
2501 S. State Hwy. 121 Business
Suite 400
Lewisville, TX 75067

IMPORTANT

Mailing option will change depending on the address stated on your I-765 form. Please visit:
<https://www.uscis.gov/forms/forms-information/uscis-phoenix-and-dallas-lockbox-facilities>

Form ISSS-112, OPT Acknowledgement

ERAU-00026A



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ACKNOWLEDGEMENT OF OPT (Optional Practical Training) RESPONSIBILITIES

I, _____

Name

Student ID

being an OPT participant and international student from Embry-Riddle Aeronautical University in Daytona Beach, FL., have been advised of the following immigration regulations and agree to abide by same.

1. Upon receipt of my OPT authorization card, I must provide the SEVIS Administrator with a copy of that card.
2. I must notify the SEVIS Administrator within 10 days of the following:
 - a. Any change in name or address
 - b. The name and address of my employer
 - c. Any change to the name and address of my employer
 - d. Any interruption of such employment

Students on post-completion OPT may not accrue an aggregate of more than 90 days of unemployment under the 12 month initial OPT. **Therefore, it is highly recommended you report your employment immediately to DBISS@erau.edu**

If I fail to notify the SEVIS Administrator of any requested information within the permitted time period, it will be recorded in SEVIS and my status **may be** jeopardized.

3. I understand that OPT is automatically terminated if I begin a new program of study, or if there is a change in my level of study.
4. I must check the email address I have provided on a regular basis, to assure I receive updates to regulations or information pertinent to my status.
Email address that will be current for my entire OPT authorization period. (Do not use your ERAU address as it will expire).
Email address: _____
5. Upon completion of OPT, I understand that I have 60 days to leave the country, begin a new academic program or apply for a change of status. I must follow transfer procedures to begin a new course of study.

By signing this document, I certify that I will be participating in OPT and agree to comply with the aforementioned regulations. I also certify that all information provided is current and will remain current until completion of my OPT authorization period.

Signature

Date



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 05/31/2020

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- <input type="text"/>			
Remarks			

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE - Type or print in black ink.**

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, or correction of my 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.)

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

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 (continued)

Your U.S. Mailing Address

- 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
(USPS ZIP Code Lookup)
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).
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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

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)).

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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.

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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 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.

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)

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)

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

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 ay need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then 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)

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.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____

Employment Information Must Be Updated in SEVIS

An F-1 student on post-completion OPT (Optional Practical Training) cannot be unemployed for more than 90 days cumulatively (or 120 cumulative days if on STEM extension), or the student will cease to enjoy valid F-1 immigration status.

With the new SEVIS updates, an F-1 student whose employment fails to appear in SEVIS may be “auto terminated” by SEVIS after 90 days due to the 90-day unemployment rule. For this reason, students must take care to keep their employment information current with the school from which they graduated at all times. Remember that employment, for purposes of avoiding the 90-day rule, can also include self-employment, contract work, and even volunteering.

Once employed please email us the following information. Failure to do this in a timely manner will subject your I-20 to be terminated and loss of employment. **Please include your student ID on all documents.**

The following documents are needed:

Employer Name -

Employer EIN –

Employer Address-

Job Title –

Job status (Full time/Part time) -

Start Date –

End Date –

Last name of supervisor -

First name of supervisor -

Phone number of supervisor -

Email address of supervisor -

Your current address –

Your SEVIS number-

Your ERAU ID number-

A COPY OF YOUR EAD AND EMPLOYMENT OFFER LETTER IS ALSO REQUIRED

*****Students may alternatively log into their SEVP Portal***

<https://studyinthestates.dhs.gov/sevp-portal-overview> to report address, telephone and employer information while on OPT. STEM PT students are not able to add a new employer or change the start date with their employer. Please reach out to your DSO for assistance for further assistance.