

Berkeley

INTERNATIONAL OFFICE

**OPT: Sample I-765 for
Replacement EAD, Lost, or
Stolen EAD Card Application**

Complete the Form I-765

Top Portion: leave this entire section blank

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-	<i>Leave blank</i>	
	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)

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

Part I. Reason for Applying

I am applying for (select only one box):

- I.a. Initial permission to accept employment.
- I.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.

- I.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

PART 1. Reason for Applying, pg. 1

Check the “1.b.” box for “Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to USCIS error.”

Complete the Form I-765

PART 2. Information About You, pg. 1

#1.a. – 1.c. Name

Your entire family name should be in CAPITAL letters. Use upper & lower case for the first name. Please write your name **exactly as it appears in the Surname/Family name and Given Name fields on your I-20**. Note your I-20 DOES NOT use the Middle Name Field!

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: N0004705512

SURNAME/PRIMARY NAME Doe Smith	GIVEN NAME John	CLASS F-1
PREFERRED NAME John Doe-Smith	PASSPORT NAME	
COUNTRY OF BIRTH UNITED KINGDOM	COUNTRY OF CITIZENSHIP UNITED KINGDOM	

#2.a. – 4.c. Other Names Used

Enter your previous names, including nicknames you have used in official records or documentation. If your I-20 Preferred Name is different then the names you wrote in #1, include that here. If none, write "N/A"

If you are typing out the I-765 electronically, be aware that the form does not allow you to write the "/" character into these fields. You will need to hand-write the "N/A" wherever this appears in the instructions.

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)	FAMILY NAME
1.b. Given Name (First Name)	First Name
1.c. Middle Name	N/A

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)	N/A
2.b. Given Name (First Name)	N/A
2.c. Middle Name	N/A
3.a. Family Name (Last Name)	N/A
3.b. Given Name (First Name)	N/A
3.c. Middle Name	N/A
4.a. Family Name (Last Name)	N/A
4.b. Given Name (First Name)	N/A
4.c. Middle Name	N/A

Complete the Form I-765

PART 2. Information About You, pg. 2

U.S. Mailing Address

This is where you would like the Receipt Notice and the EAD card to be mailed. ***This is very important!***

The address should be valid for at least 3-5 months, the length of time it will take to process the application. If you have plans to move during this time, use a reliable friend or family member's address to receive the EAD (indicate this in #5.a.). It is also possible to use a P.O Box for mailing addresses.

#5.a. If the mailing address belongs to someone other than yourself, put their full name (First Name Last Name) here. If this is your address, write "N/A."

#5.b-5.e Write a valid mailing address in the U.S. It may be a residence, commercial address, or PO Box. *You may not use BIO's address.*

#6 If you listed a mailing address that is **NOT** your current physical living address, select "No" and complete **#7.a-7.e** with your current physical address. If "Yes," write "N/A" in **#7.a-7.e**. Physical address should reflect where you actually live.

Part 2. Information About You (continued)

Your U.S. Mailing Address

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

Oski Bear (or N/A if this is your address)

5.b. Street Number and Name

123 College Ave

5.c. Apt. Ste. Flr.

8

5.d. City or Town

Berkeley

5.e. State

CA

5.f. ZIP Code

94720

(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address?

Yes No

If no, complete 7.a-7.d

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

U.S. Physical Address

7.a. Street Number and Name

987 Example Street

7.b. Apt. Ste. Flr.

45A

7.c. City or Town

Oakland

7.d. State

CA

7.e. ZIP Code

94604

Complete the Form I-765

PART 2, pg. 2, continued...

Other Information

8. F-1 students do not have an A-Number, leave this blank.

9. F-1 students do not have a USCIS Online Account Number, leave this blank.

10-11. The responses to these questions should be straightforward. Please complete them accurately.

12.

Check “Yes” as you have previously applied for an EAD.

Note on 12: This question does not apply to previous on-campus employment or CPT.

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

Complete the Form I-765

PART 2, pg. 2, continued...

#13.a.-17.b. Social Security Number (SSN)

#13.a.

Check “Yes” if you have been issued an SSN and enter your SSN with one letter in each box in #13.b.

Check “No” if you do not yet have an SSN

#14.

Check “Yes” if you want a new or replacement SSN card and complete

#15-17.b Check “No” if you do **not** want a new or replacement SS card

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

If yes, complete 13.b Yes No *If no, skip to 14*

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.) *If no, skip to 18*

If yes, complete 15-17.b 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)

Complete the Form I-765

PART 2, pg. 2-3 continued...

The responses to these questions are straightforward. Please complete them accurately.

#18 Countries of Citizenship, pg 2

List all as applicable (use Part 6 of the I-765 if needed) or write "N/A" in 18.b. if you do not have multiple citizenships.

#19-20 Place of Birth, pg 3

List the name of the country as it was named when you were born, even if it's name has changed

Make sure your Date of Birth is in the correct format of MONTH - DAY - YEAR. (01/31/1998 not 31/01/1998)

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

Australia

18.b. Country

N/A

Place of Birth

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

19.a. City/Town/Village of Birth

Brisbane

19.b. State/Province of Birth

Queensland

19.c. Country of Birth

Australia

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

01/31/1998

Complete the Form I-765

PART 2, pg. 3 continued...

Information About Your Last Arrival

#21.a. I-94 Number

Use your current I-94 number. This is at the number found on the electronic I-94 record or on the top left corner of the paper Form I-94 card (see example). I-94 numbers issued prior to May 2019 are 11 characters long and contain only numbers. Example: 01234567890. I-94 numbers starting in May 2019 have a format of 9 numbers, followed by a letter, then another number. Example: 012345678A1.

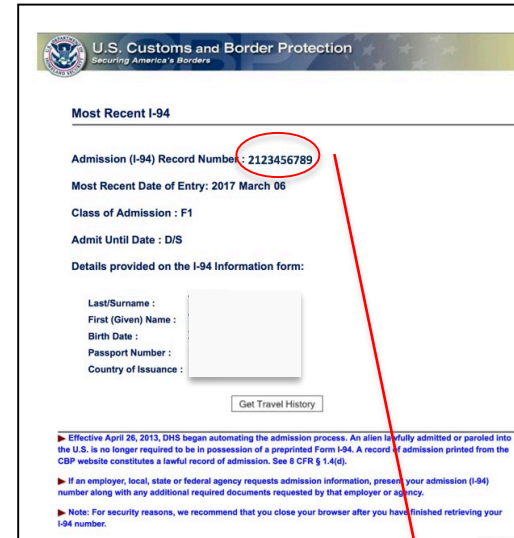
#21.b-e. Passport Information

Enter the information directly from your passport. This passport should match the country on your I-20.

In cases where you entered the US on a passport that is now expired, **enter the number of your expired passport**. (You will provide information on the **new** passport on pg. 7 of the application.)

#21.c. Travel Document

Write "None" here



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)

Complete the Form I-765

PART 2, pg. 3 continued...

#22 Date of Last Entry into the U.S.

Your most recent entry date can be found on your passport admission stamp, electronic I-94 record, or paper I-94 card.

#23 Place of Last Arrival into the U.S.

Name of the Port of Entry city from your most recent entry. This information can be found on your passport admission stamp, travel history section of your electronic I-94 record, or paper I-94 card (usually as a code, i.e. "SFR" for San Francisco). If you drove across the border, write the name of the city where entered the U.S.

#24 Immigration Status at Last Entry

Status in which you entered the U.S. If you entered with an I-20 as a student, write "F-1 Student."

#25 Current Immigration Status

Current status should be "F-1 student." If not, talk to a BIO advisor, and this status should be reflected in your current I-94.

#26 SEVIS ID

Your SEVIS ID appears on the top left side of your I-20 and starts with N00...

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)

Complete the Form I-765

PART 2, pg. 3 continued...

#27 Eligibility Category

Use the code **(c) (3) (B)** for eligibility category *Post-Completion OPT*.

DO NOT USE a different code!

Even if you have a STEM degree, you are applying NOW for your 12-Month Post-completion OPT, NOT the 24-Month STEM OPT Extension!

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)).

(**C**) (**3**) (**B**)

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.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes No
Leave blank

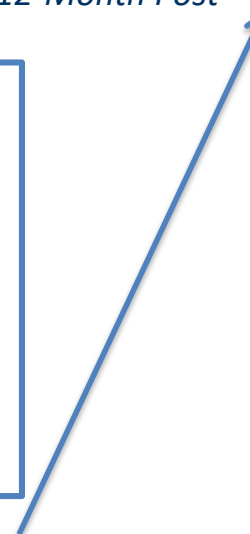
NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

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
Leave blank

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.



#28-31.b. Other Eligibility Categories

Write "N/A" in these fields. N/A means not applicable. These questions are NOT applicable to applying for your 12-month Post Completion OPT. #28 is for STEM OPT Extension applicants only. *Remember- you are applying NOW for your 12-Month Post-completion OPT, NOT the STEM OPT Extension. LATER if you apply to extend your OPT through the STEM OPT Extension you will use the (c)(3)(c) code, and answer these questions.*

Complete the Form I-765

PART 3. Applicant's Statement, pg. 4

#1.a. Select 1.a. to indicate that you have read and understood the questions.

#3-6 Provide your information as requested

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.

Complete the Form I-765

PART 3, pg. 4 continued...

Applicant's Declaration and Certification

Read the entire declaration carefully.

Applicant's Signature

#7.a.-7.b. Hand sign your name and provide the date of the signature

Important!

Your signature will be scanned and must **fit within the box**. It must NOT touch the box outline. If the signature is too big and crosses a line, your application could be delayed. Be conservative and use a signature smaller than normal. Please see the example.

Troubleshooting Signature Line:

In some cases the "Don't forget to sign!" automatic reminder will not disappear when you print the form.

You should remove the auto filled "Don't forget to sign!" We recommend trying:

- To open the form in the most recent version of Adobe Reader.
- To print a blank version of the form's second page from your web browser.

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...

Applicant's Signature

7.a. Applicant's Signature



Your signature here (don't touch the lines)

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

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.

Complete the Form I-765

PARTS 4 and 5, pgs. 4-6

These sections are not applicable to you, since you've completed the form yourself, so write "N/A." This section is for those who use an interpreter or other paid preparer to complete the form

Part 4 pg. 4

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)
N/A
- 1.b. Interpreter's Given Name (First Name)
N/A
- 2. Interpreter's Business or Organization Name (if any)
N/A

Part 4 pg. 5

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

Interpreter's Mailing Address

- 3.a. Street Number and Name N/A
- 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 N/A
- 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 N/A, 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) N/A

Part 5 pg. 5

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 N/A
- 8.b. Date of Signature (mm/dd/yyyy) N/A

Complete the Form I-765

Page 7, Part 6 needs to be completed ONLY if you:

- most recently entered the US on a passport that is no longer valid and you now have a renewed passport
- have previously had other SEVIS IDs
- have ever been authorized for CPT or OPT, or STEM OPT Extension

If none of these apply to you, leave Page 7, Part 6 blank, but you must include it in your application. You are done with the I-765.

Complete the Form I-765

How to complete Page 7, Part 6 if you:

- have ever been authorized for CPT, OPT, or STEM OPT

PART 6, Additional Information, pg. 7

#1.a.-1.c. Provide your name again as listed in Part 2, 1.a-1.c.

#2. Leave blank

#3.a.-3.c. Reference Pg. 2, Part 2, Item 12

(If you already used sections 3.a.-3.d. use the next available section, 4a-d, etc.)

#3.d. If you have had previous OPT,

- Write “See attached documentation for OPT application/authorizations”. Attach copy of I-797 receipt notice and copy of original EAD, if applicable.
- Write “OPT Authorization” and list your OPT start & end dates and receipt number.

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
<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="12"/>

3.d.

OPT Authorization:
 OPT 1/8/2015-1/7/2016; WAC4565250057
(This is an example only)

You may need to contact your previous schools if you are missing any of this information.

Complete the Form I-765

How to complete Page 7, Part 6 if you:

- most recently entered the US on a passport that is no longer valid and you now have a renewed passport

If this does not apply to you, leave Part 6 blank. You are done with the I-765; skip to the next slide.


PART 6, Additional Information, pg. 7

#1.a.-1.c. Provide your name again as listed in Part 2, 1.a-1.c.

#2. Leave blank

#3.a-3.c. Reference Pg. 3, Part 2, Item 21.b. 

#3.d. Write an explanation that clarifies that you have two passports: one that you used for entry but is no longer valid, and one that is currently valid.

#3.d. Include copies of both passports and your I-94 with your application. 

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
<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="21.b"/>

3.d.

Complete the Form I-765

Page 7, Part 6 needs to be completed ONLY if :

- you have previously had other SEVIS IDs

PART 6, Additional Information, pg. 7

#1.a.-1.c. Provide your name again as listed in Part 2, 1.a-1.c.

#2. Leave blank

#3.a-3.c. Reference Pg. 3, Part 2, Item 26

#3d. List all previously used SEVIS numbers, including from all previous F-1 /F-2 or J-1/J-2 programs in the U.S., including high school, short stays, language training schools, community colleges, or previous I-20s at UCB

You may need to contact your previous schools if you are missing any of this information.

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)	FAMILY NAME
1.b. Given Name (First Name)	First Name
1.c. Middle Name	N/A

2. A-Number (if any) ▶ A-

--	--	--	--	--	--	--	--

3.a. Page Number	3.b. Part Number	3.c. Item Number
3	2	26

3.d. Previous F-1 SEVIS IDs: N0048798787,
N0009898989,
Previous J-1 SEVIS ID: N0012345679

(These are examples only- use your own information from your previous I-20s or DS-2019s)

Complete the Form I-765

IF YOU COMPLETED any part of PAGE 7, PART 6

You must add your signature and the date in the blank space at the bottom of Page 7.

The diagram illustrates the location for a signature and date on Form I-765. It shows two sets of horizontal lines representing text entry fields. A blue arrow points from the top left towards a red-bordered box containing the signature 'Oski Bear' and the date 'August 1, 2018'.

Complete the Form I-765



You are done with the I-765!

1. Review all the information on the form for accuracy. You must submit **ALL** 7 pages of the I-765.
2. Make a copy of your completed I-765 application to keep for your records, in case there is a problem with the application.
3. Next, gather the required documentation and copies ...see following slides

Check Required documents for OPT application

Refer to the [OPT tutorial](#) for specific instructions on how to prepare these documents.

- 2 U.S. Passport Photos (with name and I-94 number written lightly in pencil on back of each), taken within the past 30 days.
- USCIS Fee of **\$410**. Check, Money Order, or Credit Card payment made payable to: “U.S. Department of Homeland Security.” Write your SEVIS ID in the memo line.
- Form G-1145 to confirm receipt and obtain case number in advance of paper notification: <http://www.uscis.gov/files/form/g-1145.pdf>.
- New original form I-765 with **box 1.b.** checked. <http://www.uscis.gov>
- Copy of OPT I-20 (pages 1-3) that was previously issued by BIO for your initial OPT application. It does not have to be issued within the past 30 days.
- Copy of valid passport biographical page and F-1 visa stamp, if applicable.
- Copy of expired passport biographical page if you used that document to enter the U.S. most recently.
- Printout of electronic I-94 record (<https://i94.cbp.dhs.gov/i94/>) or copy of paper Form I-94 (both sides)
- Copy of I-797 receipt notice and copy of original EAD, if applicable.
- If it is a replacement request due to an error **not by USCIS**, the original EAD is required.

No documents are required for F-2 dependents.

Berkeley

INTERNATIONAL OFFICE

Office Hours

internationaloffice@berkeley.edu

510-642-2818