



# INTERNATIONAL STUDENT AND SCHOLAR SERVICES

OFFICE FOR GLOBAL ENGAGEMENT  
THE UNIVERSITY OF UTAH

## Instruction Guide for Form I-765 J-2 Dependent Employment Authorization

The Form I-765 is an official government document that is used to request work authorization and obtain an Employment Authorization Document (EAD card).

- You can download the I-765 form from the [USCIS website](#) and review the I-765 instructions found here.
- Type or print legibly in black ink.
- Answer all questions fully and accurately.
- If a question does not apply to you, type or print “N/A”(short for “Not Applicable”). If the question asks for a number response that does not apply to you, write “None.”
- Print and complete ALL pages 1-7. If any pages are missing, your application will be rejected.
- Print all pages single-sided



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**5a-e:** The mailing address is where your EAD card will be sent. If the mailing address belongs to someone other than yourself, put their full name (First Name, Last Name) under “In care of Name (if any)”. This person **MUST** be listed as a resident of the address with the U.S. Postal Service. If this is your address, write “N/A” for question 5a.

**6:** If you listed a mailing address that is not your current physical living address, select “No” and complete items **7a-e** with **your current physical address**. Physical address should reflect where you actually live.

If “Yes”, write “N/A” in **7a-e**

**8:** If this is an initial application, you will not have an A-Number, put “None”.

**If this is a renewal**, the A Number is the “USCIS #” on your EAD Card

**9:** J Exchange Visitors do not have a USCIS Online Account Number, put “None”.

**10:** Check the box to indicate your gender

**11:** Choose your appropriate marital status

**12:** Check “No” if you have never applied for an EAD. Check “Yes” if you have previously applied for an EAD.

**13a:** Check “Yes” if you have been issued an SSN and enter your SSN with one number in each box in **13b**. Check “No” if you do not yet have an SSN

## 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- **None**

9. USCIS Online Account Number (if any)  
▶ **None**

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?  
**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).  
▶ **1 2 3 4 5 6 7 8 9**

**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)

### 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

**N/A (if only one country of citizenship)**

**14:** Check “Yes” if you want a new or replacement SSN card and complete **15-17b**

Check “No” if you do not want a new or replacement SSN card and put “N/A” in each box and then skip to **18.**

**18:** Write the name of the country in which you are a citizen. If you are a citizen of more than one country, write the second country in box **18b**. Otherwise, write “N/A”.



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**19a-c:** Answer these questions with information regarding your place of birth  
**20:** Make sure your date of birth is in the correct format of Month/Day/Year.

**21a:** Write in your I-94 number. You can access your I-94 here: <https://i94.cbp.dhs.gov/i94/>

If you most recently crossed a land border, you may have a physical card stapled into your passport with your I-94 number.

**21b-e:** Enter the information directly from your passport. If you have renewed your passport since your most recent entry to the U.S., then you will put your old passport information on Page 7.

**21c:** Write "None" here

**22:** Your most recent entry date can be found on your I-94.

**23:** Write the airport or land border where you first entered the U.S. This information can be found on your passport admission stamp or travel history section of your electronic I-94 record (usually as a code, i.e. "SFR" for San Francisco).

**24:** Status in which you entered the U.S. If you entered with a J-2 DS-2019, write "J-2 Dependent."

**25:** Current status should be "J-2 Dependent." If not, talk to an ISSS advisor - this status should be reflected on your current I-94.

**26:** Your SEVIS ID appears on the top right side of your DS-2019 and starts with "N00..."

## 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)

## 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?

Leave blank  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.)

Leave blank  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?

Leave blank  Yes  No

Leave blank  Yes  No

**27:** Use the code (c) (5) for J-2 Employment.

**28-30c:** Write "N/A" in these fields or leave the box unchecked. These questions are not applicable to applying for your J-2 EAD.



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**30d-31b:** Write "N/A" in these fields or leave the box unchecked. These questions are not applicable to applying for your J-2 EAD.

## 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.

Leave blank

## 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.

**Part 3:**  
**1:** Select **1a** to indicate that you have read and understood the questions.  
**1b-2:** Write "N/A"  
**3-5:** Provide your information as requested  
**6:** Leave this box unchecked

**7a-b:** Hand sign your name (in black ink) and provide the date of the signature (Month/Day/Year format)

**Note:** 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.

**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 page from your web browser.

**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  
➔ *Your signature here*
- 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 4:**

**1a-7b:** This section is not applicable to you, since you have completed the form yourself (this section is for those who use an interpreter or other paid preparer to complete the form); therefore, write “N/A” in response to all questions or leave the box unchecked

**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**

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 5:**  
**1a-8b:** This section is not applicable to you, since you have completed the form yourself (this section is for those who use an interpreter or other paid preparer to complete the form); therefore, write "N/A" in response to all questions or leave the box unchecked

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**1a-c:** Complete this section with your name as shown on your passport. Write "N/A" if you do not have a middle name.

**2:** If this is an initial application, you will not have an A-Number, put "None".

**If this is a renewal,** the A Number is the "USCIS #" on your EAD Card

**3a-c:** Reference Pg. 3, Part 2, Item 27

**3d:** See attached evidence: Copy of J-1 DS-2019, visa, passport, I-94, copy of J-2 DS-2019, visa, passport, I-94 for applicant, financial documents, proof of marriage (or if J-2 child is applying include birth certificate)

**4:** If you have previously filed Form I-765 (this is a J-2 EAD renewal application or you have otherwise applied for an EAD) complete items 4a-d.

**4a-c:** Reference Pg. 2, Part 2, Item 12

**4d:** List all previous J-2 work authorizations or other employment authorization documents (EADs). Include the dates, receipt numbers "See attached documentation for previous work authorizations"

## 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. See attached evidence:  
Copy of J-1 DS-2019, visa, passport, I-94, copy of J-2 DS-2019, visa, passport, I-94 for applicant, financial documents, proof of marriage (or if J-2 child is applying include birth certificate)

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

4.d. List all previous J-2 work authorizations or other employment authorization documents (EADs). Include the dates, receipt numbers, "See attached documentation for previous work authorizations."

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

5.d. I most recently entered the U.S. on MM-DD-YYYY with passport ##### and was issued I-94 #####. Since this date, I have renewed my passport. The number of my new passport is #####. See attached copies of both passports and the I-94.

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.

**5:** If you most recently entered the U.S. on a passport that is no longer valid and you now have a renewed passport

**5a-c:** Reference Pg. 3, Part 2, Item 21b

**5d:** 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. Include copies of both passports with your application.