Send the application to the USCIS (Phoenix or Dallas) Lockbox serving your state of residence:

<table>
<thead>
<tr>
<th>If you live in</th>
<th>Mail your application to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For U.S. Postal Service (USPS) deliveries:</td>
</tr>
<tr>
<td></td>
<td>USCIS</td>
</tr>
<tr>
<td></td>
<td>PO Box 21281</td>
</tr>
<tr>
<td></td>
<td>Phoenix, AZ 85036</td>
</tr>
<tr>
<td></td>
<td>For Express mail and courier deliveries:</td>
</tr>
<tr>
<td></td>
<td>USCIS</td>
</tr>
<tr>
<td></td>
<td>Attn: AOS</td>
</tr>
<tr>
<td></td>
<td>1820 E. Skyharbor Circle S</td>
</tr>
<tr>
<td></td>
<td>Suite 100</td>
</tr>
<tr>
<td></td>
<td>Phoenix, AZ 85034</td>
</tr>
<tr>
<td>Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Oklahoma, Tennessee, Texas, Vermont, Virginia, U.S. Virgin Islands, or West Virginia.</td>
<td><strong>USCIS Dallas Lockbox</strong></td>
</tr>
<tr>
<td></td>
<td>For U.S. Postal Service (USPS) Deliveries:</td>
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<tr>
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<td>USCIS</td>
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<td></td>
<td>PO Box 660867</td>
</tr>
<tr>
<td></td>
<td>Dallas, TX 75266</td>
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<td>For Express mail and courier deliveries:</td>
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<tr>
<td></td>
<td>USCIS</td>
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<tr>
<td></td>
<td>Attn: AOS</td>
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<tr>
<td></td>
<td>2501 S. State Hwy. 121 Business</td>
</tr>
<tr>
<td></td>
<td>Suite 400</td>
</tr>
<tr>
<td></td>
<td>Lewisville, TX 75067</td>
</tr>
</tbody>
</table>
Department of Homeland Security
U.S. Citizenship and Immigration Services

Employment Authorization

Do not write in this block.

Remarks

Action Block

Fee Stamp

Applicant is filing under §274a.12

☐ Application Approved. Employment Authorized/Extended (Circle One) until (Date).

Subject to the following conditions:

☐ Application Denied.

☐ Failed to establish eligibility under § CFR 274a.12 (a) or (c).

☒ Failed to establish economic necessity under § CFR 274a.12(c)(14), (15) and § 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)

LAST NAME First Name

2. Other Names Used (Include Maiden Name)

3. Address in the United States (Street Number and Name) (Apartment Number)

123 Main Street 1A

(Town or City) (State/Province) (ZIP Code)

Anytown GA 12345

4. Country of Citizenship/Nationality

Country

5. Place of Birth (Town or City) (State/Province) (Country)

City State/Province Country

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

01/02/1980

7. Gender

☐ Male ☒ Female

8. Marital Status

☐ Married ☒ Single

☐ Widowed ☒ Divorced

9. Social Security Number (Include all numbers you have ever used) (If any)

123-45-6789

10. Alien Registration Number (A-Number) or I-94 Number (If any)

123456789 10

11. Have you ever been applied for employment authorization from USCIS?

☒ Yes (If "Yes," complete below) ☐ 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 complete. 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 “Who May File Form I-765?” section of the instructions and have identified the appropriate eligibility category in Question 16.

Signature

Print Name

Address

Signature

Date

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

Initial Receipt Resubmitted Relocated Completed

Received Sent Approved Denied Returned

Form I-765 08/13/12 V
COPY of NEW I-20 Form (pages 1 and 3) Recommending 17-Month Extension

U.S. Department of Justice
Immigration and Naturalization Service

Certificate of Eligibility for Nonimmigrant (F-1) Student
Status - For Academic and Language Students (OMB NO. 1653-0038)

Please read Instructions on Page 2
This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (Surname):
   [Signature]
   First (given) Name: [Signature]
   Middle Name: [Signature]
   Country of birth: INDIA
   Date of birth (mm/dd/yy): [Signature]
   Country of citizenship: INDIA
   Admission number: [Signature]

2. School (School district) name:
   Georgia Institute of Technology
   Georgia Institute of Technology

   School Official to be notified of student’s arrival in U.S. (Name and Title):
   Kathryn Tudini
   International Student Advisor
   School address (include zip code):
   OIT 631 Cherry Street
   Suite 211, Savant Building
   Atlanta, GA 30332-0284
   School code (including 3-digit suffix, if any) and approval date:
   AITL14900102000 approved on 03/15/2003

3. This certificate is issued to the student named above for:
   Continued attendance at this school.

4. Level of education the student is pursuing or will pursue in the United States:
   Master’s

5. The student named above has been accepted for a full course of study at this school, majoring in Computer Science.
   The student is expected to report to the school no later than 08/23/2010 and complete studies not later than 12/17/2011.
   The normal length of study is 24 months.

6. English proficiency:
   This school requires English proficiency.
   The student has the required English proficiency.

7. This school estimates the student’s average costs for an academic term of 9 (up to 12) months to be:
   a. Tuition and fees $2,773.00
   b. Living expenses $8,164.00
   c. Expenses of dependents (0 ) $0.00
   d. Other (specify): Books/Supplies $1,216.00
   Total $12,153.00

8. This school has information showing the following as the student’s means of support, estimated for an academic term of 9 months (Use the same number of months given in Item 7).
   a. Student’s personal funds $0.00
   b. Funds from this school $25,056.00
   Specify type: Graduate Assistantship
   c. Funds from another source $0.00
   Specify type:
   d. On-campus employment $0.00
   Total $25,056.00

9. Remarks:

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed 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; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.
   Kathryn Tudini
   International Student Advisor
   10/03/2012
   Atlanta, GA

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. 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 course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Print Name
Sign Name
 mm/dd/yy

Name of Student
Signature of Student

Name of parent or guardian
Signature of parent or guardian
Address (city) (State or Province) (Country) (Date)

If student under 18

Form I-20 A-B (Rev. 04-27-88)N
For Official Use Only
Microfilm Index Number
FAMILYNAME: [redacted]  FIRST NAME: [redacted]
Primary Major: [redacted]  Computer Science

Student Employment Authorization:
Employment Status: OPT
Duration of Employment - From (Date): 01/02/2013  To (Date): 06/02/2014
Employer Name: Collaborative Consulting [01/05/2012]
Employer Location: 70 Blanchard Road, Suite 500
Burlington, MA 01803

Comments:

Employment Status: FULL TIME  Type: OPT
Duration of Employment - From (Date): 01/02/2012  To (Date): 01/01/2013
Employer Name: [redacted]
Employer Location: [redacted]

The student has met the 1 full academic year requirement.
Comments:

Event History
Event Name: Registration  Event Date: 09/01/2020

Current Authorizations:
OPT Employment Approved  Start Date: 01/02/2012  End Date: 01/01/2013
OPT Extension Requested  Start Date: 01/02/2013  End Date: 06/02/2014

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

Name of School:

Kathryn Fudzi

International Student Advisor  10/03/2012  Atlanta, GA

Name of School Official  Signature of Designated School Official  Title  Date Issued  Place Issued (city and state)

Name of School Official  Signature of Designated School Official  Title  Date Issued  Place Issued (city and state)

Name of School Official  Signature of Designated School Official  Title  Date Issued  Place Issued (city and state)

Name of School Official  Signature of Designated School Official  Title  Date Issued  Place Issued (city and state)
Note: If passport has expired, include copy of the page showing the extension in addition to the biographical page
Admission (I-94) Number Retrieval

Admission (I-94) Record Number: [Redacted]

Admit Until Date (MM/DD/YYYY): D/S

Details provided on Admission (I-94) form:

Family Name: [Redacted]
First (Given) Name: Federico
Birth Date (MM/DD/YYYY): [Redacted]
Passport Number: [Redacted]
Passport Country of Issuance: Italy
Date of Entry (MM/DD/YYYY): 05/11/2013
Class of Admission: F1

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

- If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

- Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.
U.S. Citizenship
and Immigration
Services
This card is not evidence of U.S. citizenship or permanent residence.
This document may be falsified and may be revoked by the U.S. Government.
The person identified is authorized to work in the U.S. for the validity of this card.
FN-11  NAFW (10-2013)
21041732
U.S. Department of Justice  
Immigration and Naturalization Service  
Certificate of Eligibility for Nonimmigrant (F-1) Student  
Status - For Academic and Language Students (OMB No. 1615-0038)

Please read instructions on Page 2. 
This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):

First (given) Name:

Middle Name:

Country of birth:

Date of birth (month/day/year):

Country of citizenship:

Admission number:

2. School (School's name):

Georgia Institute of Technology

Georgia Institute of Technology

School Official to be notified of student's arrival in U.S. (Name and Title):

Kathryn Tudini

International Student Advisor

School address (include zip code):

CIS, 621 Cherry Street

Suite 211, Savant Building

Atlanta, GA 30332-0204

School code (including 3-digit suffix, if any) and approval date:

A2714F00192009 approved on 01/15/2003

3. This certificate is issued to the student named above for:

Continued attendance at this school.

4. Level of education the student is pursuing or will pursue in the United States:

Master's

5. The student named above has been accepted for a full course of study at this school, majoring in Financial Mathematics. The student is expected to report to the school no later than 08/22/2011 and complete studies not later than 05/15/2012. The normal length of study is 54 months.

6. English proficiency:

This school requires English proficiency. The student has the required English proficiency.

7. This school estimates the student's average costs for an academic term of 9 (up to 12) months to be:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees</td>
<td>$15,114.00</td>
</tr>
<tr>
<td>Living expenses</td>
<td>$12,114.00</td>
</tr>
<tr>
<td>Expenses of dependents (if any)</td>
<td>0.00</td>
</tr>
<tr>
<td>Other (specify): Books and Supp</td>
<td>1,274.00</td>
</tr>
<tr>
<td>Total</td>
<td>55,845.00</td>
</tr>
</tbody>
</table>

8. This school has information showing the following as the student's means of support, estimated for an academic term of 9 months (use the same number of months given in item 7):

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student's personal funds</td>
<td>$60,000.00</td>
</tr>
<tr>
<td>Funds from this school</td>
<td>0.00</td>
</tr>
<tr>
<td>Funds from another source</td>
<td>0.00</td>
</tr>
<tr>
<td>On-campus employment</td>
<td>0.00</td>
</tr>
<tr>
<td>Total</td>
<td>60,000.00</td>
</tr>
</tbody>
</table>

9. Remarks:


10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed 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; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Kathryn Tudini

Name of School Official

International Student Advisor

Signature of Designated School Official

Title

10/02/2012 Atlanta, GA

Date Issued

Place Issued (City and State)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. 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 course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Print Name

Name of Student

Sign Name

Signature of Student

mm/dd/yy

Date

For Official Use Only

Signature of parent or guardian

Address (city) (State or Province) (Country)

Date

If student under 18

Name of parent or guardian

Signature of parent or guardian

Microfilm Index Number
IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

FAMILY NAME: [Redacted] FIRST NAME: [Redacted] SEVIS

Primary Major: Financial Mathematics

Student Employment Authorization:
- Employment Status: FULL TIME
- Duration of Employment: From (Date): 01/14/2013 To (Date): 01/13/2014
- Employer Name: [Redacted]
- Employer Location: [Redacted]

The Student has met the 1 full academic year requirement.

Comments: Full-time OPT recommended based upon expected completion of program of study. Student will do practical training within field of Computational Finance study.

Event History
- Event Name: Registration
- Event Date: 08/31/2011

Current Authorizations:
- Authorized to Drop Below Full Course
  - Start Date: 08/26/2012 End Date: 12/15/2012
- OPT Employment Requested
  - Start Date: 01/14/2013 End Date: 01/13/2014

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

Name of School: [Redacted]
International Student Advisor: [Redacted]
10/02/2012 Atlanta, GA

<table>
<thead>
<tr>
<th>Name of School Official</th>
<th>Signature of Designated School Official</th>
<th>Title</th>
<th>Date Issued</th>
<th>Place Issued (city and state)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of School Official</td>
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<td>Signature of Designated School Official</td>
<td>Title</td>
<td>Date Issued</td>
<td>Place Issued (city and state)</td>
</tr>
</tbody>
</table>

Form I-20 A-B (Rev. 04-27-88)N
Please read instructions on Page 2.

This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):

   First (given) Name:  
   Middle Name:  

   Country of birth:  
   Date of birth (mm/dd/yyyy):  

   Country of citizenship:  
   Admission number:  

2. School (School district) name:
   Georgia Institute of Technology
   Georgia Institute of Technology

   School Official to be notified of student's arrival in U.S. (Name and Title):
   Charles Hammons
   Project Coordinator, Records Analyst

   School address (include zip code):
   OLB, 651 Cherry Street
   Suite 213, Savannah Building
   Atlanta, GA 30332-0284

   School code (including 3-digit suffix, if any) and approval date:
   ATL21400102000  approved on 01/15/2003

3. This certificate is issued to the student named above for:
   Continued attendance at this school.

4. Level of education the student is pursuing or will pursue in the United States:
   BACHELOR'S

5. The student named above has been accepted for a full course of study at this school, majoring in Aerospace, Aeronautical and Astronautic... study is 60 months.

6. English proficiency:
   This school requires English proficiency.
   The student has the required English proficiency.

7. This school estimates the student's average costs for an academic term of 9 (up to 12) months to be:
   a. Tuition and fees $ 27,802.00
   b. Living expenses $ 13,000.00
   c. Expenses of dependents (0 ) $ 0.00
   d. Other (specify): Books and Supp $ 1,102.00
   Total $ 42,905.00

8. This school has information showing the following as the student's means of support, estimated for an academic term of 9 months (Use the same number of months given in item 7).
   a. Student's personal funds $ 0.00
   b. Funds from this school $ 0.00
   c. Funds from another source $ 42,650.00
   d. On-campus employment $ 0.00
   Total $ 42,650.00

9. Remarks:

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed 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; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

   Charles Hammons
   Project Coordinator, Records Analyst 08/14/2012 Atlanta, GA

   Name of School Official  Signature of Designated School Official  Title

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. 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 course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

   Print Name
   Sign Name
   mm/dd/yy

   Name of Student  Signature of Student  Date

   Name of parent or guardian  Signature of parent or guardian  Address (city)  (State or Province)  (Country)  (Date)

   If student under 18

   Form I-20 A-B (Rev. 04-27-88)
FAMILY NAME: Dai
FIRST NAME: Bill
Primary Major: 14.0201 Aerospace, Aeronautical and Astronautic

Student Employment Authorization:
Employment Status: Type:
Duration of Employment - From (Date):
To (Date):
Employer Name:
Employer Location:

Comments:

Event History
Event Name: Registration
Event Date: 08/14/2012

Current Authorizations:
Start Date: 
End Date: 

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

Name of School: [Signature]
Name of School Official: [Signature]
Project Coordinator: Records Analyst
08/14/2012 Atlanta, GA

<table>
<thead>
<tr>
<th>Name of School Official</th>
<th>Signature of Designated School Official</th>
<th>Title</th>
<th>Date Issued</th>
<th>Place Issued (city and state)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Sample Check:

Name: George P. Burdell
475 Six Mile Rd.
Comstock Park, MI 49321

Pay to the order of

U.S. Department of Homeland Security

Three Hundred and Eighty Dollars and 00/100

Dollars

Check #: 0001
Day: MM/DD/YYYY

Sign your name here

Mike's Virtual Bank
Notown, AnyState 00000

For I-94#: ____________

283260100 : 225622010087 : 0001
Copyright 1999 Michael Kaufman

Sample Photo:

Paper Photo Head Size Template

- Photo must be 2 inches by 2 inches
- The height of the head (top of hair to bottom of chin) should measure 1 inch to 1 3/8 inches (25 mm - 35 mm)
- Make sure the eye height is between 1 1/8 inches to 1 3/8 inches (28 mm - 35 mm) from the bottom of the photo