

OFF CAMPUS EMPLOYMENT AUTHORIZATION BASED ON ECONOMIC HARDSHIP FOR F-1 STUDENTS

Under certain circumstances, an F-1 student may apply for “off-campus employment based on economic hardship.” Conditions creating this economic hardship include loss of financial aid or on-campus employment without fault of the student, unexpected changes in the financial condition of the student’s source of support, substantial fluctuations in the value of currency or exchange rate, and medical bills or other substantial and unexpected expenses. The above circumstances must be documented. To be eligible, a student must be in F-1 status for one full academic year, must be maintaining lawful F-1 status and must be carrying a full course of study as defined by the USCIS.

To apply for off-campus employment authorization, you need to complete the following steps. You must collect the materials and submit them to OIE, 110 E. Clayton St., Suite 400, and an advisor will email you when your application is ready to pick up. If you would like to speak with an advisor about your application please make an appointment by calling 425-3154.

- Provide supporting materials which detail the unforeseen circumstances requiring the student to seek employment authorization and the unavailability of on-campus employment. A budget of your current expenses and income and an explanation of the change in expenses or income should be included.
- Write a cover letter explaining in detail your economic situation.
- Complete items 1 – 15 on Form I – 765, and sign the form.
- Provide two photographs (see attached sheet)
- Provide a photocopy of your I-94 card (front and back) and copies from your valid passport showing the passport expiration date, passport photograph, and your entry visa. (If re-applying, provide previous EAD card)
- Write a check or money order for \$180 made payable to “USCIS.”
- Complete the expense worksheet

Note: The student is responsible for submitting the application to the USCIS at the address below. The student may not begin employment until the Employment Authorization Document (EAD) is issued. If the request for employment authorization is denied, denials may not be appealed.

USCIS Texas Service Center
PO BOX 851041
Mesquite, TX 75185-1041

Permanent email address: _____

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

Do not write in this block.

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (<i>Circle One</i>) _____ until _____ (Date). _____ (Date). Subject to the following conditions: _____ <input type="checkbox"/> Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

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

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

Certification.

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

Signature _____ Telephone Number _____ Date _____

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

Print Name _____ Address _____ Signature _____ Date _____

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