UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid
1200 W. Harrison St., M/C 334 - Chicago, IL 60607-7163 - Phone: (312) 996-3126
College of Medicine: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127

2017-2018 Statement of Educational Purpose

Section A – Student Information (Please print clearly)

Last Name First Name M.I. Email

Street Address City State Zip Code

What you should do:

The student must appear in person at the University of Illinois at Chicago (UIC) Office of Student Financial Aid (OSFA) to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. OSFA will maintain a copy of the student's photo ID that is annotated with the date it is received and reviewed and the name of the official at the institution authorized to collect the student's ID. ***Therefore, a copy of the original identification documentation must be submitted.***

Section B – Statement of Educational Purpose

The federal regulations require that you sign in the presence of an institutional official.

I certify that I _____ am the individual signing this Statement of
(Print Student's Name)
Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending the University of Illinois at Chicago (UIC) for 2017-18.

_____
(Student's Signature)

_____
(Date)

_____
(Student's ID Number)

ENTER YOUR 9-DIGIT **UIN** →

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