

**UNIVERSITY OF ILLINOIS CHICAGO – Office of Student Financial Aid and Scholarships**

UIC Portal: <https://my.UIC.edu> -- Email: [money@uic.edu](mailto:money@uic.edu) -- Phone: (312) 996-3126

College of Medicine: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127



**2025-2026 Statement of Educational Purpose and High School Completion Status**

**Section A – Student Information (Please Print Clearly)**

Last Name

First Name

M.I.

Email

**Section B – In Person Statement of Educational Purpose Verification**


1. Please provide our office with ONE original form of documentation listed below. **You must also complete Section D on page 2 in the presence of financial aid staff.**

Indicate the document you are submitting in person. *If you are unable to submit your document in person, you will need to complete Sections C and D.*

2. **Please submit only one document.**

A valid, unexpired, government-issued photo identification

- Valid U.S. Passport
- Driver's License
- State Issued ID

ENTER YOUR 9-DIGIT UIN 

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## Section C – Portal Statement of Educational Purpose Verification

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**IMPORTANT: Only complete this section if you are unable to submit this form and documentation in person. You must also complete Section D below.**

*If you are submitting in person, complete Sections B and D.*

You must complete the 5 steps listed below. Check the boxes to indicate completion.

- Go to an in-person notary public and sign this Statement of Educational Purpose form below in Section D.
- Obtain a certification from the notary that you appeared before the notary and presented a government-issued photo ID confirming your identity.
- Have the notary add their stamp in the box below.
- Make a copy of the same government-issued photo ID presented to the notary.
- Upload this completed form, certification, and photo ID on the UIC Portal: Click “Student” tab, click “Financial Aid Menu”, choose 2025-2026 Award Year, click “Choose File” under Unsatisfied Requirements

Notary Stamp

## Section D – Student Signature

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I certify that I, \_\_\_\_\_, am the individual signing this Statement of  
(Print 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 2025-2026.

\_\_\_\_\_  
(Student's Signature) (Date)

**\*\*NOTE: Signatures cannot be typed or stamped. They must be a signature.\*\***

### For Staff Only: To be completed for in person submissions only

\_\_\_\_\_  
(Signature of Authorized Staff Who Witnessed Student's Wet Signature In Person) (Date)

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