2024-2025 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

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ENTER YOUR 9-DIGIT UIN

2425         SOEP-O       N

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Section C – Portal Statement of Educational Purpose Verification

**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 OR submit all documents via mail or fax.

Notary Stamp

Section D – Student Signature

I certify that I, ____________________________________________, am the individual signing this Statement of 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 2024-2025.

__________________________________________  ______________________________
(Student’s Signature)                      (Date)

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

__________________________________________  ______________________________
(Signature of Authorized Staff Who Witnessed Student’s Wet Signature In Person) (Date)