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



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 – S	tatement of Education	nal Purpose		
	(Print Name)		_, am the individual signing this Statemen I may receive will only be used for educatinicago (UIC) for 2024-25.	
□ I have inclu	ided a copy of a governmen	t issued photo identifica	tion card.	
(Student's Signature)			(Date)	
ENTER YOUR		ur government issued	photo identification card in the space b	elow.
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