

2024-2025 Statement of Educational Purpose

Student's Last Name First Name M.I.

Student's Identification (ID) Number

Student's Street Address (include apt. no.)

Student's Date of Birth

City State Zip Code

Student's Email Address

Student's Home Phone Number (include area code)

Student's Name _____ Student's ID Number _____

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,
(Date) (Notary's name)

personally appeared, _____, and provided to me
(Printed name of signer)

on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on _____

Certifications and Signatures

Fo5-β)T002 Tw hu (s n)H8B I(e)3(s)T0 602 Tc -0.0-73 B-154 Td1P AMCID 3 B8o)0.P AM(t)80.9 n)2.w.0-2.6()0.80.