

2025-26 Statement of Educational Purpose

Financial Aid Office • 4001 W. McNichols Rd. • Detroit, MI 48221
Phone: 313-993-3350 • Fax: 313-993-3347 • finaid@udmercy.edu

Your financial aid application has been selected for verification. You must confirm your identity and complete the following Statement of Educational Purpose. There are two ways you can complete this requirement.

Option 1: You must appear **in person** at the UDM Financial Aid Office to verify your identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport (a school ID is not valid). The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID. In addition, the student **must sign** the statement below **in the presence of an institutional official**.

OR

Option 2: If you are unable to appear in person at the UDM Financial Aid Office to verify your identity, you must provide to UDM: (a) A copy of an unexpired valid government-issued photo identification (ID) such as, but not limited to, a driver's license, non-driver's identification card, other State-issued identification, or passport that is acknowledged in the notary statement below, or that is presented to a notary, and (b) an **original** Statement of Educational Purpose provided below, which must be notarized. Photocopies, faxes etc are not acceptable.

Statement of Educational Purpose

Student ID: _____

I certify that I _____ (print student name) 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 Detroit Mercy for 2025-26.

Students Signature: _____ Date: _____
This must be signed in the Financial Aid or Notary Office

Notary's Certificate of Acknowledgement (only required if student is **unable to appear in person**)

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 ID)

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

Witness my hand and official seal. _____
Notary Signature

My commission expires on: _____
Date

SEAL

Office Use Only

Signature of Intake Officer: by signing, you certify that you have verified the students ID and witnessed them signing the statement above. (You also MUST sign and date the copy of ID).	_____ Date	<input type="checkbox"/> RRAAREQ = N <input type="checkbox"/> Copy ID
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