Northeastern
ILLINOIS UNIVERSITY

Financial Aid Office

5500 North Saint Louis, D-200
Chicago, Illinois 60625-4699

Telephone Center: 773-442-5016
Telefax: 773-442-5040
Email: Financial-Aid@neiu.edu

2016-2017 STATEMENT OF EDUCATIONAL PURPOSE & CERTIFICATION OF IDENTITY	
	This Statement must be completed and signed in the presence of either an NEIU Financial assistance Administrator or a Notary Public.

By placing my initials and signature below, I certify the following to be true:

Initial

_____ I will only use federal or state student financial assistance to pay the costs associated with my attendance at Northeastern Illinois University (NEIU) in the 2016-2017 academic year. NEIU may only apply $200 or less to charges that I owe for prior years.

_____ If I sign any document related to the federal student aid programs electronically using a personal identification number (PIN), I certify that I am the person identified by the PIN and I have not disclosed that PIN to anyone else.

_____ I understand that NEIU has the authority to request documentation required to verify the accuracy of my financial assistance application.

_____ I have been advised to check my financial assistance status weekly on my NEIUport account at www.neiuport.neiu.edu.

_____ Adjustments (increases/decreases) are made to financial assistance through the deadline for 90% refund published in the Schedule of Classes. This is also called the "Financial assistance Freeze."

_____ I understand that withdrawing, dropping or not attending my classes may lead to the reduction or cancellation of financial assistance and that it is my responsibility to consult with the NEIU Financial assistance Office prior to changing my course load.

_____ I understand that to remain eligible to receive financial assistance I must maintain Minimum Standards of Satisfactory Academic Progress toward the completion of my degree program.

_____ I understand that NEIU and the U.S. Department of Education will pursue collections efforts for cancelled or reduced aid that I received and to which I am not entitled.

I certify that I am the individual signing this Statement of Educational Purpose and that the federal and state student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Northeastern Illinois University for 2016-2017.

_____ _____

Student Signature NEIU ID#

IF SUBMITTING IN PERSON Present this form with original valid government-issued photo ID along with a copy of the photo ID (not expired) To be completed by NEIU Financial assistance Administrator	IF SUBMITTING BY MAIL Send this form with photocopy of valid government-issued photo ID To be completed by Notary Public
ID Type:	ID Type:
ID Number: Exp:	ID Number: Exp:
FAA Name:	This instrument was acknowledged before me on:
Date:	by:
FAA Signature:	Signature & Seal: