

**Southern Illinois University Edwardsville
Office of Admissions
Affidavit of Intent**

**FOR FILING AN APPLICATION TO BECOME A PERMANENT RESIDENT
OF THE UNITED STATES**

Affidavit Instructions

1. This affidavit must be fully and properly completed (printed in ink or typed, and must be in English).
2. This affidavit must be signed and dated before the student plans to enroll.
3. The student must sign this affidavit in the presence of a U.S. embassy or consular officer, a U.S. immigration officer, a notary public, an attorney, or another official in the sponsor's country who is authorized to administer oaths to verify identity and signature.

General Information

Applicant's Name:

(Family or last name) (Given or first name)

Declaration of Intent and Certification

I, _____, a citizen of _____,

(Student) (Country)

am not a permanent resident of the United States. I agree to file an application to become a permanent resident of the United States at the earliest opportunity. I am required to do so in order to be eligible for tuition rates.

I resided with my parent(s) or guardian(s) while attending high school. My address(es) during my high school attendance was (were):

I graduated from a high school in the United States or received the equivalent of a high school diploma.

I attended this high school for at least 3 years.

I authorize Southern Illinois University Edwardsville to verify my statements in this affidavit. I consent to the disclosure of information by any high school I have attended concerning my residence and that of my parent(s) or guardian(s).

I certify that all information provided on this affidavit and on the attached documents (if any) proving my intent to become a permanent United States resident is true and valid. I further certify that I understand this affidavit is a binding document.

Student's Signature: _____
(Signature) (Date)

Student's Address: _____
(Street address)

(City) (State) (Zip)

Certification by notary public, attorney, U.S. Consulate Officer or other official authorized to administer oaths.

Subscribed and sworn to me on this ____ day of _____

20____, at _____

My Commission expires on _____

Signature and title of officer administering oath:

(Signature) (Title)

(Print or type name)

Return to:

**Office of Admissions
Box 1047, SIUE
Edwardsville, IL 62026
USA**