



Office of Financial Assistance, 36 Madison Avenue, Madison, NJ 07940
Tel: 973-408-3112 Fax: 973-408-3188 Email: finaid@drew.edu

AFFIDAVIT OF INTENT TO LEGALIZE IMMIGRATION STATUS

STUDENT INFORMATION

Student's Last Name

First Name

M.I.

Student's Identification (ID) Number

Student's Street Address (include apt. number)

Student's Phone Number (include area code)

City

State

Zip

AFFIDAVIT OF INTENT TO LEGALIZE IMMIGRATION STATUS

I, _____ (print student's name), of 18 or more years of age, hereby state and attest that I deliver this Affidavit in support of my enrollment as a student at Drew University. I am a non-citizen in the United States of America without lawful immigration status, and

(Please Check One)

I filed an application to legalize my immigration status.

I will file an application to legalize my immigration status as soon as I am eligible to do so.

CERTIFICATIONS AND SIGNATURES

STUDENT

The student signing below certifies that all of the information reported is true and accurate.

Print Student's Name

Student's Signature