University of Wisconsin System

AFFIDAVIT OF INTENT TO BECOME A PERMANENT RESIDENT

Upon completion and notarization, this affidavit should be returned to:

University of Wisconsin - _____
Office
Address
City, State, Zipcode
Phone: Fax: Email:

SAMPLE

STATE OF WISCONSIN, COUNTY OF_____

Before me, the undersigned Notary Public, on this day personally appeared,

_____known to me, who being by me duly
Name of Affiant

sworn upon his/her oath deposed and said:

1. My name is _____ _____ _____
   First Name Middle Name Last Name
2. My birth date is _____ _____, _____
   Month Day Year
3. I have personal knowledge of the facts stated herein and they are all true and correct.
4. I am enrolled or intend to enroll at the University of Wisconsin-_____
5. I have filed or will file an application for a permanent resident visa with the U.S. Citizenship and Immigration Services as soon as I am eligible to do so.

In witness whereof, this day of _____ _____, _____
Month Day Year

_____
Signature of Affiant. If under age 18, signature of parent or guardian is required.

_____
PRINTED Name

Subscribed to and sworn to before me, on this _____day of_____, _____
Day Month Year

_____
Signature of Notary

_____
PRINTED Name of Notary

NOTARY PUBLIC

My commission expires_____, _____
Month Year

SAMPLE

SAMPLE

August 2009