

Departmental Verification of Affiliation

In order to reside in Family & Graduate Housing, applicants are required to provide written verification of their current affiliation with the University.

At this time, _____ has indicated that he/she will be affiliated with your department during the following academic year(s): (applicants must check one or both options that apply)

_____ *2019 / 2020 academic year (September 1, 2019 to May 16, 2020).*

_____ *2020 / 2021 academic year (September 1, 2020 to May 15, 2021).*

We ask that you please complete the bottom portion of this form and return it to our office as soon as possible so that we might process his/her application.

Mail to: Family & Graduate Housing, 1841 Orchard Pl., Urbana, IL 61801, M/C-006 or FAX a copy to (217) 244-1200. Email address: apartments@illinois.edu

To be completed by applicant's University Department representative:

Expected duration of affiliation: From _____, 20____ until _____, 20____.
Month, Day, Month, Day

_____ Applicant will be registered as an undergraduate student during this period of time.

_____ Applicant will be registered as a graduate student during this period of time.

_____ Applicant will be a full-time Civil Service, Academic Professional, or Faculty employee of the University of Illinois.

_____ Applicant will teach/research/study/work with the department listed on this form for at *least 30 UNPAID hours per week.*

_____ Applicant will teach/research/study/work with the department listed on this form for at *least 30 PAID hours per week.*

_____ Applicant **will not** be affiliated with the University of Illinois.

Verified by:

Signature

Print Name

Title

Email Address

Date

Department

Department Phone