



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)

____ *2016 / 2017 academic year (August 22, 2016 to May 14, 2017).*

____ *2017 / 2018 academic year (August 28, 2017 to May 13, 2018).*

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 Civil Service, Academic Professional, or Faculty employee of UIUC.

____ 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