

**LEASE EXTENSION REQUEST FORM**

Family & Graduate Housing Leaseholders may request an extension of their lease after the established Lease End Date (July 31<sup>st</sup> at 12pm Noon) if they are enrolled in Summer Term II classes. This extension would allow a Leaseholder to reside in their Family & Graduate Housing apartment until the last day of exams for Summer School, Term II. Lease Extension Requests submitted prior to May 1<sup>st</sup> will be given priority consideration. To qualify for a lease extension, the leaseholder must be enrolled in Summer Term II classes or teaching a Summer Term II course. Leaseholders who are granted a lease extension will be billed a nightly rental rate beginning July 31<sup>st</sup>.

If approved, the leaseholder will receive an email confirming their lease extension approval. When submitting this form, Leaseholder must attach a copy of their Summer Term II course registration.

Name: \_\_\_\_\_ University ID Number: \_\_\_\_\_

Current Apartment Address: \_\_\_\_\_

I am requesting a lease extension to (date): \_\_\_\_\_ (date cannot be later than 8/5/18 at 5:00 p.m.)

**Reason for extension request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Leaseholder Signature

\_\_\_\_\_  
Date

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***Resident's Academic Department Must Complete the Bottom Portion of this Form***

The above referenced apartment resident is:

\_\_\_\_\_ Enrolled as a student for Summer Term II classes

\_\_\_\_\_ Employed as an instructor for a Summer Term II course(s)

VERIFIED BY:

\_\_\_\_\_  
Departmental Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Phone/E-mail Address

Telephone (217) 333-5656 • Fax (217) 244-1200 • E-Mail [apartments@illinois.edu](mailto:apartments@illinois.edu)

Office use only: Rec'd by: _____ Date: _____
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