

UNIVERSITY HOUSING

Departmental Verification of Affiliation

Department	Department Phone	
litle little	Email Address	Date
Signature	Print Name	
Verified by:		
Applicant <u>will not</u> be affiliated with the Unive	ersity of Illinois.	
	_	eust 30 FAID Hours per week.
Applicant will teach/research/study/work wil	_	
Applicant will teach/research/study/work wit	, , ,	·
Applicant will be a full-time Civil Service, Acad	demic Professional, or Faculty employe	ee of the University of Illinois.
Applicant will be registered as a graduate stu	dent during this period of time.	
Applicant will be registered as an undergradu	ate student during this period of time	
Month, D	ay Month, Day	
		20
To be completed by applicant's University Departme	nt renresentative	
Mail to: Family & Graduate Housing, 1841 Orchard Pladdress: apartments@illinois.edu	i., Urbana, IL 61801, M/C-006 or FAX a	a copy to (217) 244-1200. Email
		. (2.7) 2222 7 11
process their application.		,
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 migl
2022 / 2023 academic year (September 1, 2022	to May 15, 2023).	
2021 / 2022 academic year (September 1, 2021		
2020 / 2021 academic year (September 1, 2020	to May 16, 2021).	
during the following academic year(s): (applicants mus	st check all options that apply):	
	has indicated that they w	'ili be affiliated with your departme
at this time,	the state of the state of	::::::::::::::::::::::::::::::::::::::