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