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 they will be affiliated with your department during the following academic year(s): (applicants must check all options that apply):

____ 2020 / 2021 academic year (September 1, 2020 to May 16, 2021).
____ 2021 / 2022 academic year (September 1, 2021 to May 15, 2022).
____ 2022 / 2023 academic year (September 1, 2022 to May 15, 2023).

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 their 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______.

____ 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