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)

_____ 2018 / 2019 academic year (September 11, 2018 to May 11, 2019).

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 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:

________________________________________  Print Name

________________________________________  Email Address  Date

________________________________________  Department Phone