UNIVERSITY HOUSING

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 below for at least 30 UNPAID hours per week.
- [ ] Applicant will teach/research/study/work with the department listed below for at least 30 PAID hours per week.
- [ ] Applicant will not be affiliated with the University of Illinois.

Verified by:

__________________________________________   ____________________________   ________
Signature                                     Print Name                  Date

__________________________________________   ____________________________   __________________
Title                                        Email Address                 Date

__________________________________________   ____________________________   __________________
Department                                   Email Address                 Date
Department Phone

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