

(PLEASE COPY, REVISE AND PRINT ON YOUR DEPARTMENT LETTERHEAD)

**Model Letter of Offer and Notice of Appointment
For Graduate Fellows**

Note to Academic Department, Graduate Programs, and Training Grant/Fellowship Principal Investigators: This letter of offer constitutes a notice of appointment for eligible graduate fellows. This letter is specifically developed for graduate fellows and should not be used for other appointments. **This letter does not offer admission to the University. Offers of admission are made by the Graduate School.** Conditions for renewal of this appointment should not be stated in this letter of offer. All paragraphs listed below are required as noted. Please clearly articulate the total stipend to be received and the schedule and method under which the stipend will be disbursed.

This letter must be signed by the individual who has signature authority over the graduate fellowship, such as a dean, academic department head/chair, graduate program director (for graduate programs not administered by academic departments), or principal investigator responsible for federally sponsored fellowship program and/or training grant. Commit no more than one fiscal year appointment in this letter of offer and notice of appointment. For renewal of appointment in subsequent years or terms, complete a model notice of graduate fellowship reappointment available at: <http://oregonstate.edu/admin/hr/model.html>.

Should you have questions, or need to revise this model letter, contact the Administrative Program Assistant, Financial Support and Recruitment in the Graduate School.

**USE THIS MODEL LETTER FOR
2016-2017 ACADEMIC YEAR INITIAL APPOINTMENTS ONLY**

[Date]
[Inside Address]

Dear _____:

Congratulations on your selection as a 2016-2017 [Name of Graduate Fellowship] _____ graduate fellow. This letter serves as your formal notice of appointment as a graduate fellow at Oregon State University.

[Note: Insert one of the following paragraphs, as appropriate]:

On behalf of the [Graduate Committee or other decision-maker] of the _____ graduate program I am pleased to offer you an OSU graduate fellowship appointment beginning on _____ and ending on _____.

OR

As [Principal Investigator or Coordinating Official] of the [Name of Fellowship Program or Training Grant] _____, I am pleased to offer you an OSU graduate fellowship appointment beginning on _____ and ending on _____.

[Note: Insert one of the following paragraphs, as appropriate]:

The [Name of Graduate Fellowship] _____ fellowship provides a total stipend of \$ _____ which will be distributed to you in [number of installments] _____ equal installments. Each installment will be disbursed directly to your student business office account at the beginning of each term during the fellowship period, _____ [select terms – summer, fall, winter, spring.] This appointment is contingent upon your formal acceptance as a graduate degree-seeking student by the University's Graduate School, and your continued status as a graduate degree-seeking student at OSU in the field of [enter graduate major] _____.

OR

The [Name of Graduate Fellowship] _____ fellowship provides a total stipend of \$ _____ which will be disbursed in [number of payments] _____ monthly payments of \$ _____ each on or before the first of the

upcoming month during the fellowship award period. This appointment is contingent upon your formal acceptance as a graduate degree-seeking student by the University's Graduate School, your continued status as a graduate degree-seeking student at OSU in the field of [enter graduate major] _____ and your continued sponsorship under the [Name of Graduate Fellowship] _____ program.

Graduate Fellows are not employees of the university or department/unit. However, through their advanced degree objectives, Graduate Fellows are mentored by Graduate Faculty members. Activities associated with a Graduate Fellow appointment are not employment.

If this notice is understood and acceptable to you, please sign one copy of this memorandum and return a copy to [department], no later than [date]. A copy will be placed in your department file and a copy will be sent to the Business Center Human Resources Unit as an official record of your appointment. Please keep the original copy for your own records. Health insurance forms should be returned directly to Student Health Services.

Once again, [student's name] _____, congratulations on your selection as a [name of graduate fellowship] _____ graduate fellow. Please do not hesitate to let us know how we can support you in your success.

Sincerely,

[Dean, Department Head/Chair, Graduate Program Director, or Principal Investigator]

cc: Business Center Human Resources Unit
[Dean, Department Head/Chair, Graduate Program Director]

[Date]

[Graduate Fellow's Name]

Letter of Offer and Notice of Graduate Fellowship Appointment for 2016-17

[or appropriate term dates** if less than the fiscal year]

Name of Fellowship Program or Training Grant

Acceptance and Consent (Please review details about these requirements prior to signing this letter)

I accept this offer of appointment to a graduate fellowship, and I further acknowledge:

1. I must maintain a minimum of [insert nine (9), or more if your fellowship requires higher enrollment level] _____ credit hours toward my degree program throughout my appointment period during the academic year. If I have a summer appointment, I must maintain a minimum of [insert three (3), or more if your fellowship requires higher enrollment level] _____ credit hours during the summer term. I understand that audit registrations, course withdrawals, and enrollment in INTO OSU coursework may not be used to satisfy the [(9) or more] _____ credit enrollment requirement;
2. Tuition charges associated with INTO OSU or tuition charges associated with audit or withdrawn courses may not be paid by a Graduate Fellow tuition waiver;
3. Ecampus courses may be used to satisfy the [9 or more] _____ credit enrollment requirement, and Ecampus tuition is covered by the tuition remission;
4. If I am also receiving tuition support from OSU during the period of my fellowship, a minimum enrollment of 12-credits is required each term during the academic year; 3-credits in summer term. Tuition waivers cover the maximum cost of 12-credits during the academic year and a maximum of 3-credits in summer term.
5. Failure to make satisfactory progress toward my degree will result in the removal of this fellowship;
6. Health insurance is mandatory for graduate fellows and failure to enroll or officially opt out of the mandatory health insurance plan will result in the removal of the fellowship. I may waive University-provided health insurance only if I have group coverage that is deemed comparable under the university plan (health, vision, and dental). I authorize the University to post a monthly charge to my student business office account for the balance of the graduate fellow only premium from my monthly stipend or salary unless I have waived coverage under the University's plan. For additional information visit <http://studenthealth.oregonstate.edu/insurance/> or send an email to osustudent.insurance@oregonstate.edu.

Timing of your Offer Acceptance

Oregon State University is a participant in the Council of Graduate Schools (CGS) Resolution for Graduate Scholars, Fellows, Trainees and Assistants (also known as the *April 15th Resolution*), located here:

http://www.cgsnet.org/ckfinder/userfiles/files/CGS_Resolution.pdf. We seek your assistance in complying with its terms. Please read the Resolution carefully while considering your offer of appointment. *Your acceptance of this offer is not valid or effective until April 15 of the year in which your appointment will begin.*

I accept the offer as outlined in this letter.

Graduate Fellow's Signature

Date

University ID Number

cc: Business Center Human Resources Unit
[Dean, Department Head/Chair, Graduate Program Director]

Model Letter