Model Letter of Renewal
Graduate Fellow Appointment

Note to Academic Departments, Graduate Programs, and Training Grant/Fellowship Principal Investigators: This letter of offer constitutes a renewal of appointment for OSU graduate fellows. 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 investigators responsible for federally sponsored fellowship programs and training grants.

Commit no more than one fiscal year appointment in this renewal of appointment notice.

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 2015-2016 GRADUATE FELLOW APPOINTMENT RENEWAL

[Date]

TO: [Student’s Name]
(Student’s ID Number)

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

SUBJECT: Renewal of Your [Name of Fellowship] Graduate Fellowship and Notice of Appointment for 2015-16 [or appropriate term dates** if less than an academic or fiscal year**]

This memorandum serves as formal notice of renewal of your graduate fellowship appointment at Oregon State University for the period **_________ to **__________.

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

Your graduate fellowship renewal appointment 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 renewal is contingent upon you remaining a graduate degree-seeking student in good standing in the field of [enter graduate major.]

OR

Your graduate fellowship renewal appointment 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 renewal is contingent upon you remaining a graduate degree-seeking student in good standing in the field of [enter graduate major] and your continued sponsorship under the [Name of 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.

We look forward to having you continue your graduate fellowship with us.

Sincerely,

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

cc: Business Center Human Resources Unit

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

[Date]

[Graduate Fellow's Name]

Letter of Offer and Notice of Reappointment for Academic Year 2015-16

[or appropriate term dates** if less than an academic or 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 plateau;

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, or Principal Investigator]