Use this model letter for 2017-2018 academic year initial appointments only

[Date]

[Inside Address]

Dear __________:

Congratulations on your selection as a 2017-2018 [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 2017-18
[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 waiver;
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. All Graduate Fellows are required to submit documentation to enroll in or waive out of the insurance plan offered by the University. I must submit the necessary paperwork within the first 30 days of the start of my Graduate Fellowship appointment. If I choose to waive the coverage offered by the University, I must have medical, dental and vision coverage that is deemed comparable by the University. I authorize the University to post a monthly charge to my student business office account for the health insurance premium for the level of coverage for which I have enrolled. If I am not appointed as a Graduate Fellow during summer term, I am eligible to enroll in coverage for the summer months (July, August and September) and pre-pay for those premiums in the month of May. I must submit the necessary summer paperwork to the University Student Health Services by May 1st.
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]