



**Oregon State
University**

Department or Unit Name
Oregon State University
Address Goes Here
Corvallis, Oregon 97331

P 541-737-XXXX
F 541-737-XXXX
oregonstate.edu

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. 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 investigators responsible for federally sponsored fellowship programs and training grants.

Once this letter is signed/offer accepted by the student, the appointing program must complete the Graduate Fellow appointment form found on OSCAR at <https://oscar.oregonstate.edu/Public/Recruit.aspx> (then click on Appoint-Graduate Fellow) and route the letter and form to the required offices as noted per form instructions.

Please commit no more than one fiscal year appointment in this appointment notice. For renewal appointments, complete a model notice of Graduate Fellow Reappointment found at: <https://hr.oregonstate.edu/policies-procedures/administrators/appointment-renewal-and-non-renewal-model-letters/offer-letter>

If you have questions this model letter or the Graduate Fellow appointment process, including eligibility, contact the Graduate School via email: Graduate.Scholarships@oregonstate.edu.

USE THIS MODEL LETTER FOR 2018-2019 ACADEMIC YEAR INITIAL APPOINTMENTS ONLY

[Date]

[Inside Address]

Dear _____:

Congratulations on your selection as a 2018-19 [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 Fellow 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 Fellow 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, 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.

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.

Contact the appointing graduate program if you have questions regarding this fellowship support.

If this fellowship appointment includes tuition waiver scholarship support from the OSU Graduate School, a letter of offer detailing that tuition waiver support will be sent to you separately by the OSU Graduate School.

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, congratulations on your selection as a [name of graduate fellowship] _____ fellow and your appointment as a 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]

NOTE: INSERT PAGE BREAK HERE IN FINAL VERSION

[Date]

[Graduate Fellow's Name]

Letter of Offer and Notice of Graduate Fellowship Appointment for 2018-19

[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. E-campus courses may be used to satisfy the [9 or more] ____ credit enrollment requirement, and E-campus tuition charges are covered by the tuition waiver up to a maximum enrollment of 12-credits.
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 cost for a maximum of 12-credits of enrollment during the academic year and a maximum of 3-credits of enrollment in summer term, Any additional cost for more than 12-credits in academic year terms or more than 3-credits in summer term will not be paid by the waiver; if I choose to take more than 12-credits in academic year terms or 3-credits in summer term, I am personally responsible for paying the additional cost.
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 Fellow 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.

7. For additional information regarding health insurance, 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://cgsnet.org/april-15-resolution>. 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]