**GRADUATE FELLOWSHIP + ASSISTANTSHIP LETTER SAMPLE**

**YELLOW HIGHLIGHTED SECTIONS INDICATE THAT SPECIFIC INFORMATION SHOULD BE PROVIDED BY THE DEPARTMENT**

Date

First Name, Last Name (include “known as” here if appropriate)

3 Going to College St

Anytown, NE 68555

Email:

Dear Ms. Student:

Congratulations! Your academic merit and promise has earned you this offer of a/an [Othmer , Chancellor’s, or Department] Fellowship. The decision to award you this fellowship was made after a careful review of your application materials. We believe that you have the ability to do high-quality graduate work and we are pleased to offer you this fellowship in recognition of your great potential for success.

This fellowship award is made in the amount of $\_\_\_\_\_\_ for the \_\_\_\_\_\_\_ [academic year or fall or spring semester]. This award may be renewable for a [second, third] year based on your satisfactory academic progress and the recommendation of your graduate director [this can be added if the fellowship is renewable like the Othmer (3 years total) or Chancellors (2 years total).

This fellowship will be paid out in XXX equal payments at the end of each month beginning in XXXXX 20XX and continuing through XXX 20XX for a total of $\_\_\_\_\_. OR This Fellowship will be paid out in one/two installments at the end of August/January. {Refer to CEHS HR Policies for guidelines for Fellowship payments}

There is no service or work required to receive this fellowship stipend, however you must be registered as a full-time student. With the exception of certain non-resident aliens, there will be no taxes withheld on fellowship payments. However, some or all of the fellowship payment may be taxable income to the extent it exceeds course-related expenses. It is your responsibility to report the fellowship income while filing your tax return. You are responsible for ALL student fees plus the student portion of the University health insurance premium.

[Following two paragraphs to be included ONLY with Department awarded Fellowship]

A personal letter of thanks from you is an excellent way to show your appreciation and it encourages donors to continue investing in students’ education. Please write and sign a letter thanking <insert donor names here> for the support you received. You should mention the name of the fellowship (stated in the first line of this letter) in the body of your letter and describe how this award will help you during the coming year. Please do not use notebook paper for this. Send your letter to <insert appropriate department contact> at the address below, or email a scanned copy including your signature to <insert department contact email address here>.

In addition we like to provide our donors with a special certificate that includes your name and photograph. Please email a current head and shoulder photo (color, JPG format) to <insert department contact email address here>.

In addition to the Fellowship, I am pleased to inform you the Department of is awarding you a (teaching/research) assistantship for the academic year 20XX-20XX. This assistantship requires\_\_\_\_\_ hours of work per week (.\_\_\_FTE) beginning August XX, 20XX through May XX, 20XX. Your stipend for this (teaching/research) appointment will be $\_\_\_\_\_ paid out in ten equal monthly payments beginning August XX, 20XX.

As part of the requirements for the assistantship, you must be admitted into a degree program and be registered for the duration of your appointment. Included with this assistantship are up to 12 credit hours of graduate course work during the academic semesters and 6-12 hours (specify depending on academic year pay) during Summer 20XX. Graduate assistants are not required to register for courses during the summer term. However, if you’re a graduate assistant employed in the summer but not registered for courses, you will be subject to FICA and Medicare taxes. You also will have limited access to libraries and will be assessed health center fees and recreation center fees for usage.

Graduate assistants may not work more than a total of 19.6 (0.49 FTE) hour per week *for all appointments combined* during the academic year. Graduate assistants may work up to 40 hours per week during school breaks and any or all summer sessions.

In addition to the tuition benefit, your assistantship will provide basic individual student health insurance at a reduced rate. You and the University will share in the cost of the premium. Approximately 21% of the annual cost of your health insurance premium will be billed directly to your student account. You will be notified at a later date of the amount for which you will be responsible.

The University offers graduate assistants a choice of two health insurance plans: (1) the StudentBlue Plan administered through Blue Cross and Blue Shield; and (2) the Bronze Plan is the University’s qualifying insurance for the Affordable Care Act. For a comparison of the two plans, visit the student health insurance page here: <http://www.unl.edu/gradstudies/current/health>

Student insurance is provided as part of your graduate assistants' benefits package. If you don’t need the University’s student health insurance plan, you can waive coverage once your semester bill is available.  Here’s how:

* Sign into **MyRED** at [http://myred.unl.edu](http://MyRED.unl.edu) and select **Student Accounts**.
* Under **Important Links** choose **Waive Student Health Insurance**. (International Students choose **Waive International Student Health Insurance**.)
* *If you* ***DO*** *want coverage, choose****I want my UNL Health Insurance Card!***

You must opt out before the tenth day of the semester.

International students with "F" or "J" visas registered for classes at UNL are always required to have health insurance coverage, unless proof of insurance from an outside source is provided. If you are an international student, you will automatically be enrolled and billed for the University’s student health insurance plan (Student Blue). You also have the option of purchasing additional health insurance for family members from the same plan by contacting the business office at the University Health Center.

If, during the course of the semester, you decide to resign from the assistantship, it is expected you will give 30 days written notice. Likewise, if there is a need to discharge you from your assistantship, you will be given 30 days written notice. Should you choose to resign, or if you are discharged, from your assistantship before completing 120 continuous days of employment for the current semester, all tuition and health benefits will be forfeited. You will be held responsible for the entire cost of those benefits, which will post to your student account.

We would like to hear from you as soon as you make a decision regarding enrollment in our program but you must respond no later than XXXXX, 20XX. We will have to withdraw our offer if we have not heard from you by that time. By agreement of the member institutions of the Council of Graduate Schools (CGS)\*, you are free to postpone your decision until April 15, or change your decision before that date. After that, you need a release from the program you have already accepted in order to accept an alternative offer. By accepting our offer, you also agree to abide by the terms and conditions outlined above.

Should you decide to accept this offer, and I very much hope you will, please sign your name below to indicate your intent to accept or decline this support package and return it to my office. If I do not hear back from you or receive a signed copy of this letter by XXXXXX, I will presume you have declined the assistantship and it will be withdrawn. All awards are contingent upon available funding and satisfactory progress.

We recommend that you keep a copy of this signed letter for your records. If you have any questions concerning this support package, please contact me at 472-XXXX or by email at iamhere@unl.edu.

Congratulations. We look forward to having you join us.

Sincerely,

Name

Chair, Name of Department

□ I accept the assistantship offer as stated above. □ I decline the assistantship offer as stated above.

□ I accept the Fellowship offer as stated above. □ I decline the Fellowship offer as stated above.

 Print Name Signature Date

NU ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* The University of Nebraska-Lincoln is a participant in the Council of Graduate Schools (CGS) Resolution, and as such, we seek your assistance in complying with its terms. Please read the Resolution carefully while considering your offer of appointment. A copy of the CGS resolution can be found at: <http://www.unl.edu/gradstudies/facstaff/CGS_Resolution.pdf>.