Date

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

3 Going to College St

Anytown, NE 68555

Email:

Dear Ms. Student:

I am pleased to offer you a Graduate Research Assistantship in the department name for Summer **2019**.

This assistantship requires \_\_\_ hours of work per week (.\_\_\_FTE) beginning May 13, 2019through August 16, 2019. Your duties as a graduate research assistant for the summer are as follows: Work with XXX on the funded research projects involving XYZ.

Your stipend for this research assistantship will be $\_\_\_\_\_. The payment schedule for your summer appointment will be as follows: May $xxx; June $xxx; July $xxx, and August $xxx. You will receive your first payment on May 31, 2019. Monthly stipends are direct deposited into your bank account the last working day of each month.

You must be admitted into a degree program while holding a graduate assistantship; you are responsible for ALL student fees. You are not required to register for courses during the summer term. However, if you are employed in the summer, but not registered for courses, you will be subject to FICA and Medicare taxes (currently 7.65% of your salary). A graduate assistant’s total enrollment for **ALL** summer sessions combined determines whether or not they are exempt from paying FICA and Medicare taxes. If a student’s enrollment for all summer sessions combined is 4 or more credit hours, the student will be considered a half-time student, therefore exempt from FICA/Medicare withholding. If you do not register you will also have limited access to libraries and will be assessed health center fees and recreation center fees for usage.

If, during the course of the summer, 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.

We look forward to your joining us this coming summer. If you accept this offer on the terms outlined above, please return a signed copy of this letter by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Congratulations, [student’s name]. 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 offer as stated above

 Print Name Signature Date

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