January 6, 2020

<Student Name>

<Address>

Dear <STUDENT>:

I am pleased to offer you a Graduate Research Assistantship in the<DEPARTMENT/UNIT NAME > in the 2020 Summer Session. Your appointment will begin on<DATE>and end on <DATE>. You will be required to work <# OF HOURS> hours per week (<FTE>) during the length of the appointment. Your supervisor will be <PROF/FACULTY NAME> who is responsible for directing you in your duties.

The total stipend for this assistantship will be <AMOUNT> paid out as follows; May $xxx, June $xxx, July $xxx, and August $xxx. Monthly stipends are direct deposited into your bank account the last working day of each month.

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.

You are not required to register for courses during the summer. 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). To be exempt from FICA and Medicare taxes a student must enroll in 4 or more credit hours, all summer sessions combined.

Please sign your name below to indicate your intent to accept or decline this offer. If I do not hear back from you or receive a signed copy of this letter by <DATE>, I will presume you have declined the offer and it will be withdrawn.

Sincerely,

Name

Chair, Name of Department

­­­­­­­­­□ I ***accept*** the assistantship offer as stated above and agree to abide by the terms and conditions outlined above.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name NU ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

