January 21, 2021

<Student Legal Name>

<Address>

<Email>

Dear <STUDENT>:

I am pleased to offer you a Graduate Research/Teaching Assistantship in the<DEPARTMENT/UNIT NAME > for the <ACADEMIC YEAR/SEMESTER>. Your appointment will begin on<DATE>and end on <DATE>.These appointments are awarded to students who have excellent credentials and in whom the graduate faculty have real confidence. I am certain that this appointment will prove to be a valuable experience for you.

The total stipend for this assistantship will be <AMOUNT> paid out in<5 or 10> equal monthly payments beginning <DATE>. Monthly stipends are direct deposited into your bank account the last working day of each month.

You will be required to work <# OF HOURS> hours per week (<FTE>) during the length of the appointment. Graduate assistants may not be employed more than a total of 19.6 (.49 FTE) hours per week during the academic year to include all positions and appointments internal and external to the university. There is no limit to time spent on studies and research relating to the advanced degree. You may be employed up to 40 hours per week during school breaks including any or all summer sessions.

You must be admitted into a degree program and be registered for the duration of your appointment. You are responsible for ALL student fees plus the student portion of the University health insurance premium.

Included with this assistantship is up to 12 hours of tuition towards graduate course work during the academic semesters (fall and spring), plus 6 to 12 hours during the summer when you meet the minimum salary requirement. 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).

Basic individual student health insurance is provided to you at a reduced rate as part of the assistantship. Approximately 21% of the annual cost of your health insurance premium will be billed directly to your student account, the remaining 79% is covered by the University. Graduate assistants and international students will be automatically enrolled and billed for the University’s health insurance. 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. Once the Office of Student Accounts has generated your semester bill you may opt out of student health insurance or waive coverage as an international student***. Instructions to accept, opt out, or waive coverage can be found at*** [***https://studentaccounts.unl.edu/student-health-insurance***](https://studentaccounts.unl.edu/student-health-insurance)***.***

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 in the 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.

Continuation of your appointment is contingent upon available funding and satisfactory performance of your assistantship duties.

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 <DATE> We will 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 may 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.

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.

We recommend that you keep a copy of this signed letter for your records. If you have any questions concerning this offer, please contact me at <PHONE> or by email at <EMAIL>.

Congratulations, we look forward to having you join us.

Sincerely,

Name

Chair, Name of Department

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Print Name NU ID

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\* 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: <https://www.unl.edu/gradstudies/facstaff/CGS_Resolution.pdf>.