

(PLEASE COPY, REVISE AND PRINT ON YOUR DEPARTMENT LETTERHEAD)

**Model Letter of Renewal  
Graduate Fellow Appointment**

**Note to Academic Departments, Graduate Programs, and Training Grant/Fellowship Principal Investigators:** This letter of offer constitutes a renewal of appointment for OSU graduate fellows. 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.

Commit no more than one fiscal year appointment in this renewal of appointment notice.

Should you have questions, or need to revise this model letter, contact the Coordinator of Graduate Services in the Graduate School.

**USE THIS MODEL LETTER FOR  
2012-2013 GRADUATE FELLOW APPOINTMENT RENEWAL**

[Date]

TO: [Student's Name]  
[Student's ID Number]

FROM:

SUBJECT: Renewal of Your [Name of Fellowship] Graduate Fellowship and  
Notice of Appointment for 2012-13 [or appropriate term dates\*\* if less than an academic or  
fiscal year\*\*]

This memorandum serves as formal notice of renewal of your graduate fellowship appointment at Oregon State University for the period \*\* \_\_\_\_\_ to \*\* \_\_\_\_\_.

**[Note: Insert one of the following paragraphs, as appropriate]**

Your graduate fellowship renewal appointment 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 renewal is contingent upon you remaining a graduate degree-seeking student in good standing in the field of [enter graduate major.]

**OR**

Your graduate fellowship renewal appointment 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 renewal is contingent upon you remaining a graduate degree-seeking student in good standing in the field of [enter graduate major] and your continued sponsorship under the [Name of Fellowship] \_\_\_\_\_ program.

**[Note: Use all remaining paragraphs]**

To be eligible for this graduate fellowship reappointment, you must maintain enrollment for a minimum of [insert 9, or more if your fellowship requires higher enrollment level] \_\_\_\_\_ credit hours each term. Please note that audit registrations and course withdrawals may not be used to satisfy this enrollment requirement. In addition, if you also are receiving tuition support from OSU during the period of your fellowship, a minimum enrollment of 12-credits is required each term during the academic year and this 12-credit minimum may not include audit registrations, course withdrawals, INTO-OSU, or Extended Campus (i.e., E-campus) course work. If you are appointed during summer session, you must maintain enrollment for a minimum of [insert 3, or more if your fellowship requires higher enrollment level] \_\_\_credit hours. Please be aware that acceptance of another offer of support, such as a graduate assistantship or other fellowship may invalidate or reduce this offer.

Oregon State University will continue your health insurance coverage as a part of your graduate fellowship reappointment. The University will contribute 85% of the monthly premium for coverage of the graduate fellow only, plus half the cost of administrative fees associated with health insurance plan. This contribution will be made throughout the period of your fellowship reappointment.

Upon accepting this fellowship reappointment you must enroll in the mandatory health insurance plan, unless you have other health insurance coverage deemed comparable to the University's plan. You may also elect to enroll family members or a domestic partner on a self-pay basis. Information about the insurance plan and health insurance enrollment forms may be found at the following website:

<http://studenthealth.oregonstate.edu/insurance/>.

If you have other health insurance coverage deemed comparable to the University's plan (health, dental, and vision), you may waive coverage under the University's plan. Information on waiving coverage is available at <http://studenthealth.oregonstate.edu/insurance/>. Graduate fellows who waive coverage under the University plan are not eligible to receive the University's contribution towards health insurance premiums as a cash back option.

If you do not waive coverage under the University provided health insurance plan, you will be required to authorize a monthly charge to your student business office account for the balance of premium and administrative fee costs, plus any dependent care coverage for which you may have optionally enrolled. In addition, the value of the 85% institutional subsidy plus administrative fee will be reported on an IRS Form 1099 (Miscellaneous Income) for U.S. citizens and resident aliens **or** an IRS Form 1042-S (Foreign Person's U.S. Source Income Subject to Withholding) for nonresident aliens as taxable income at the end of the calendar year. If you choose to waive out of the insurance plan, the insurance subsidy will not be reported.

To ensure that you receive this benefit and your reappointment remains in good standing, you must complete the health insurance enrollment or waiver form prior to the start of your fellowship reappointment. **Failure on your part to complete the health insurance enrollment form or waiver within stated deadlines at <http://studenthealth.oregonstate.edu/insurance/> will have an impact on your graduate fellowship appointment.** Please contact the Student Health Services insurance liaison at (541) 737-7568, if you have additional questions or email [osustudent.insurance@oregonstate.edu](mailto:osustudent.insurance@oregonstate.edu). If you do not either enroll in the University plan or waive coverage under the plan, you will not be permitted to register for OSU course credits.

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 15<sup>th</sup> Resolution*), located here: [http://www.cgsnet.org/ckfinder/userfiles/files/CGS\\_Resolution.pdf](http://www.cgsnet.org/ckfinder/userfiles/files/CGS_Resolution.pdf). We seek your assistance in complying with its terms. Please read the Resolution carefully while considering your offer of appointment.

***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.***

We look forward to having you continue your graduate fellowship with us.

Sincerely,

\_\_\_\_\_  
[Dean, Department Head/Chair, Graduate Program Director, or Principal Investigator]

cc: Business Center Human Resources Unit  
[Dean, Department Head/Chair, Graduate Program Director, or Principal Investigator]

[Date]

[Graduate Fellow's Name]

Letter of Offer and Notice of Reappointment for Academic Year 2012-13

[or appropriate term dates\*\* if less than an academic or fiscal year]

Name of Fellowship Program or Training Grant

**Acceptance and Consent**

I accept this offer of reappointment as an OSU graduate fellow, and:

1. I acknowledge that I must maintain a minimum of [insert 9, or more if your fellowship requires higher enrollment level] \_\_\_\_ credit hours toward my degree program throughout my appointment period during the academic year and, if I have a summer appointment, [insert 3, or more if your fellowship requires higher enrollment level] \_\_\_\_ credit hours toward my degree program during the summer term;
2. I acknowledge that 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. I acknowledge that health insurance is mandatory for graduate fellows;
4. I acknowledge that I may waive University-provided health insurance only if I have group coverage that has comparable benefits;
5. I acknowledge that I must submit a completed enrollment or waiver form prior to the start of my reappointment;
6. I acknowledge that I will not be permitted to register for OSU credit if I do not enroll in the University plan or waive out of the plan;
7. I authorize the University to post a monthly charge to my student business office account for the balance of the graduate fellow-only premium, plus half the administrative fee, plus premium charges related to dependent coverage unless I have waived coverage under the University's plan.

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, or Principal Investigator]