

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

**Model Letter of Offer and Notice of Appointment  
For Graduate Fellows**

**Note to Academic Department, Graduate Programs, and Training Grant/Fellowship Principal Investigators:** This letter of offer constitutes a notice of appointment for eligible graduate fellows. This letter is specifically developed for graduate fellows and should not be used for other appointments. **This letter does not offer admission to the University. Offers of admission are made by the Graduate School.** Conditions for renewal of this appointment should not be stated in this letter of offer. 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 investigator responsible for federally sponsored fellowship program and/or training grant. Commit no more than one fiscal year appointment in this letter of offer and notice of appointment. For renewal of appointment in subsequent years or terms, complete a model notice of graduate fellowship reappointment available at: <http://oregonstate.edu/admin/hr/model.html>.

**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 ACADEMIC YEAR INITIAL APPOINTMENTS ONLY**

[Date]  
[Inside Address]

Dear \_\_\_\_\_:

Congratulations on your selection as a 2012-13 [Name of Graduate Fellowship] \_\_\_\_\_ graduate fellow. This letter serves as your formal notice of appointment as a graduate fellow at Oregon State University.

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

On behalf of the [Graduate Committee or other decision-maker] of the \_\_\_\_\_ graduate program I am pleased to offer you an OSU graduate fellowship appointment beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

**OR**

As [Principal Investigator or Coordinating Official] of the [Name of Fellowship Program or Training Grant] \_\_\_\_\_, I am pleased to offer you an OSU graduate fellowship appointment beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

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

The [Name of Graduate Fellowship] \_\_\_\_\_ fellowship 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 is contingent upon your formal acceptance as a graduate degree-seeking student by the University's Graduate School, and your continued status as a graduate degree-seeking student at OSU in the field of [enter graduate major] \_\_\_\_\_.

**OR**

The [Name of Graduate Fellowship] \_\_\_\_\_ fellowship 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 is contingent upon your formal acceptance as a graduate degree-seeking student by the University's Graduate School, your continued status as a graduate degree-seeking student at OSU in the field of [enter graduate major] \_\_\_\_\_ and your continued sponsorship under the [Name of Graduate Fellowship] \_\_\_\_\_ program.

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

To be eligible for this graduate fellowship, 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 is pleased to offer mandatory health insurance coverage as a part of your graduate fellowship appointment. The University will contribute on your behalf 85% of the monthly premium for coverage of the graduate fellow only, plus half the cost of administrative fees associated with the health insurance plan. This monthly contribution will be made throughout the period of your graduate fellowship appointment.

Upon accepting this graduate fellowship appointment 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 and a waiver form are 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. 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 non-resident 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 appointment remains in good standing, you must complete the health insurance enrollment or waiver form prior to the start of your fellowship appointment. **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.***

Once again, [student's name] \_\_\_\_\_, congratulations on your selection as a [name of graduate fellowship] \_\_\_\_\_ graduate fellow. Please do not hesitate to let us know how we can support you in your success.

