## Model Letter of Offer for Graduate Fellows

**Note to Academic Department, Graduate Programs, and Training Grant/Fellowship Principal Investigators**

This letter of offer constitutes a notice of fellowship 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. Conditions for renewal of this fellowship 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 investigators responsible for federally sponsored fellowship programs and training grants.

Once this letter is signed/offer accepted by the student, the appointing program must complete the Graduate Fellow appointment form found on OSCAR at <https://oscar.oregonstate.edu/Public/Recruit.aspx> (then click on Appoint-Graduate Fellow) and route the letter and form to the required offices as noted per [form instructions](https://oscar.oregonstate.edu/Public/info.aspx?HelpKey=1622).

Please commit no more than a one year fellowship in this fellowship notice, which may overlap fiscal years. For renewal fellowships, complete a model notice of Graduate Fellow Reappointment found at: <https://beav.es/Z5R>

**Note: *9-Month Fellowships: the academic year beginning and ending dates are***

***September 16 – June 15. 9-month fellowships generally start and end on an academic year basis. Term beginning and ending dates are as follows:***

***Fall: September 16 – December 15***

***Winter: December 16 – March 15***

***Spring: March 16 – June 15***

***Summer: June 16 – September 15\****

***\*If you are hiring a 9-month graduate fellow for summer session, the fellowship dates must be between June 16 and September 15.  Hire dates outside of this timeframe will negatively affect the health insurance options made available to the graduate fellow.***

***If the fellowship is for the fiscal year, please use the following dates September 16 – September 15.***

***\*All fellowship letters must be provided at least 30 days before the start of the fellowship.***

***\*Please note that fellowships may have dates that overlap with a student’s ability to accept a GTA or GRA appointment, early termination may be required.***

***Do not deviate from these dates in the letter.***

**If you have questions regarding this model letter or the Graduate Fellow process, including eligibility, contact the Graduate School via email:** [**Graduate.Scholarships@oregonstate.edu**](mailto:Graduate.Scholarships@oregonstate.edu)**.**

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

**USE THIS MODEL LETTER FOR  
2020-2021 ACADEMIC YEAR INITIAL FELLOWSHIPS ONLY**

[Date]

Dear [Student]:

Congratulations on your selection as a 2020-21 [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 beginning on [Begin Date] and ending on [End Date].

***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 beginning on [Begin Date] and ending on [End Date].

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

The [Name of Graduate Fellowship] fellowship provides a total stipend of$[Amount] 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 academic term during the fellowship period, [select terms – summer, fall, winter, spring.] This fellowship 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 in good standing as determined by the Graduate School and your program in the field of [Graduate Major], and your continued sponsorship under the [Name of Graduate Fellowship] program.

***OR***

The [Name of Graduate Fellowship] fellowship provides a total stipend of $[Amount] which will be disbursed in [Number of Payments] monthly payments of $[Amount] each on or before the first of the upcoming month during the fellowship award period. If you have an appointment that is for part of the month, your payment will be pro-rated. This fellowship 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 in good standing as determined by the Graduate School and your program in the field of [Graduate Major] and your continued sponsorship under the [Name of Graduate Fellowship] program.

Contact the appointing graduate program if you have questions regarding this fellowship support.

If this fellowship includes tuition waiver scholarship support from the OSU Graduate School, a letter of offer detailing that tuition waiver support will be sent to you separately by the OSU Graduate School.

***Graduate Fellows are not employees of the university or department/unit.  However, through their advanced degree objectives, Graduate Fellows are mentored by Graduate Faculty members.  Activities associated with Graduate Fellowships are not employment.***

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 Office of Human Resources LifeCycle Unit as an official record of your fellowship. Please keep the original copy for your own records. Health insurance forms should be returned directly to the Office of Human Resources Graduate Benefits.

Once again, congratulations on your selection as a [Name of Graduate Fellowship] fellow and your appointment as a Graduate Fellow. Please do not hesitate to let us know how we can support you in your success.

Sincerely,

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

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

cc: Office of Human Resources LifeCycle Unit

[Dean, Department Head/Chair, Graduate Program Director]

**NOTE: INSERT PAGE BREAK HERE IN FINAL VERSION**

[Date]

[Graduate Fellow’s Name]

Letter of Offer and Notice of Graduate Fellowship for 2020-21

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

Name of Fellowship Program or Training Grant

**Acceptance and Consent (Please review details about these requirements prior to signing this letter)**

I accept this offer of appointment to a Graduate Fellowship, and I further acknowledge:

1. I must maintain a minimum of [nine, or more if your fellowship requires higher enrollment level] credit hours toward my degree program throughout my fellowship period during the academic year. If I have a summer appointment, I must maintain a minimum of [three, or more if your fellowship requires higher enrollment level] credit hours during the summer term. I understand that audit registrations, course withdrawals, and enrollment in INTO OSU coursework may not be used to satisfy the [nine or more] credit enrollment requirement.
2. Tuition charges associated with INTO OSU or tuition charges associated with audit or withdrawn courses may not be paid by a Graduate Fellow tuition waiver.
3. If allowable within your program requirements, E-campus courses may be used to satisfy the [nine or more] credit enrollment requirement, and E-campus tuition charges are covered by the tuition waiver up to a maximum enrollment of 12-credits.
4. 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-credits in summer term. Tuition waivers cover the cost for a maximum of 12-credits of enrollment during the academic year and a maximum of 3-credits of enrollment in summer term, Any additional cost for more than 12-credits in academic year terms or more than 3-credits in summer term will not be paid by the waiver; if I choose to take more than 12-credits in academic year terms or 3-credits in summer term, I am personally responsible for paying the additional cost.
5. Failure to make satisfactory progress toward my degree will result in the removal of this fellowship.
6. Health insurance is mandatory for Graduate Fellows. All Graduate Fellows are required to submit a health insurance enrollment form or waiver application within the first 30 days of their Graduate Fellowship start date. I may waive University-provided health insurance only if I have group coverage that is equal or superior to the university plan (medical, vision, and dental). I authorize the University to post a monthly health premium charge to my student account for the level of coverage for which I have enrolled. For additional information visit <https://hr.oregonstate.edu/graduate-student-insurance-plans>, call 541-737-7568, or send an email to [gradhealth@oregonstate.edu](mailto:gradhealth@oregonstate.edu).

**Timing of your Offer Acceptance**

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 15th Resolution), located here: <http://cgsnet.org/april-15-resolution>. We seek your assistance in complying with its terms. Please read the Resolution carefully while considering your offer of fellowship. Your acceptance of this offer is not valid or effective until April 15 of the year in which your fellowship will begin.

I accept the offer as outlined in this letter.

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Graduate Fellow’s Signature Date

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

University ID Number

cc: Office of Human Resources LifeCycle Unit

[Dean, Department Head/Chair, Graduate Program Director]