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

**USE THIS MODEL LETTER FOR 2022-2023 ACADEMIC YEAR**

**OSU + FOUNDATION FELLOWSHIPS ONLY**

[Date]

Dear [Student]:

Congratulations on your selection as a 2022-2023 [Name of Graduate Fellowship] graduate fellow. This letter serves as your formal notice of appointment as a Graduate Fellow at Oregon State University. 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].

The [Name of Graduate Fellowship] fellowship provides a total stipend of$[Amount] which will be distributed to you in quarterly installments at the beginning of each academic term for the following terms of appointment: [select terms – summer, fall, winter, spring.] This fellowship is contingent upon your formal acceptance as a graduate degree-seeking student by OSU’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 Human Resources Support Services 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 Support Services Unit

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

[Date]

[Graduate Fellow’s Name]

Letter of Offer and Notice of Graduate Fellowship for 2022-2023

[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 twelve 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 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 twelve 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 twelve 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. Graduate Fellows will automatically be enrolled in fellow-only health insurance. I need to submit a health insurance enrollment form to add dependent coverage within the first 30 days of my 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/graduate-fellow-insurance-plan>, 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.

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

Graduate Fellow’s Signature Date

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

University ID Number

cc: Office of Human Resources Support Services Unit

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