<DATE>

<STUDENT NAME>

<ADDRESS>

Dear <STUDENT>:

Congratulations! We are pleased to inform you that you have been awarded an Edgren Graduate Tuition Fellowship. This prestigious fellowship is named for August Edgren, the first Dean of the Graduate College at Nebraska. The fellowship is awarded competitively to students who have demonstrated noteworthy academic achievement.

The Edgren Graduate Tuition Fellowship will begin in <SEMESTER and YEAR> and may continue each year if you meet the following conditions:

* You must be enrolled as a full-time graduate student or full-time certified during the academic year and all subsequent academic years during your program of study.
* This fellowship will be valid as long as you are continuously enrolled as a graduate student in good standing and making progress toward this graduate degree.
* You must be a U.S. citizen or a permanent resident of the U.S.
* You must be a non-resident of Nebraska and remain a non-resident for tuition purposes.

The value of the fellowship is up to $7,000 for the academic year (up to $3,500 per semester, fall & spring) and will be credited to your student account to offset non-resident tuition. If you are ***not*** enrolled full-time (9 hours) but are full-time certified, you will receive a pro-rated amount based on the number of credit hours you are enrolled in. The value for summer will be up to $1,500 contingent upon summer enrollment at UNL of four (4) credit hours or more.

There is no work or service requirement associated with the tuition fellowship. Eligible non-resident students must be enrolled full time throughout their program of studies. If you accept a graduate assistantship, or other tuition waiver benefit, the Edgren will no longer be available to you for the remainder of your current program.

Please sign your name below to indicate your intent to accept or decline this offer by <DATE>. If you have any questions regarding this award, please contact Caroline Knuth at 402-472-8670 or caroline.knuth@unl.edu.

Sincerely,

<NAME>

<DEPARTMENT>

­­­­­­­­­­­­­­­­□ I ***accept*** the fellowship offer as stated above and agree to abide by the terms and conditions outlined above.

□ I ***decline*** the fellowship offer as stated above.

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Print Name NU ID

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