<DATE>

<STUDENT NAME>

<ADDRESS>

Dear <STUDENT> :

We are pleased to inform you that you have been awarded a <NAME OF FELLOWSHIP> in the amount of <$ > . Fellowships are paid out in <5 or 10> equal payments at the end of each month beginning in <DATE> and continuing through <DATE> OR 2 equal payments at the beginning of each term in the fall and spring. Monthly fellowship stipends are direct deposited into your bank account the last working day of each month.

There is no work or service requirement associated with the fellowship payment. Graduate students receiving stipend fellowships must be full-time students, either registered for a minimum of nine credit-hours or granted full-time status each semester during the period in which they receive the fellowship. Failure to meet the registration requirements may result in forfeiture of the fellowship.

If, during the course of the semester, you withdraw from all courses, the fellowship will be forfeited. A registration hold will be placed on your student account and you will be responsible for returning all fellowship payments to the University.

The provisions of the tax law require students who are degree candidates to report fellowship awards as taxable income to the extent such awards exceed “course-related expenses.” The IRS does not require institutions to withhold tax with respect to fellowship payments nor does it require institutions to report those payments, except in the case of certain nonresident aliens.

You may accept a graduate assistantship or other part-time student employment on campus during the time you hold this fellowship. However, total employment may not exceed 19.6 hours per week during the academic year to include all positions and appointments internal and external to the university. We hope this fellowship award will provide helpful support as you complete your degree.

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 <DEPARTMENT CONTACT>.

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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