<DATE>

<Student Name>

<Address>

Dear <STUDENT>:

I am pleased to offer you a Graduate Teaching Assistantship in the<DEPARTMENT/UNIT NAME > in the 2024 Summer Session. The appointment is for the <SESSION>, beginning on <DATE> and ending on<DATE>. Your assignment will be as follows:

Class Name: Credit Hours:

Session/Dates: Days & Time:

Location of Class: Maximum Salary:

Summer Session payment dates are as follows:

Pre-Session 8-Week Session 1st 5-week Session 2nd 5-week Session

67% - May 31 25% - June 30 60% - June 30 54% - July 31

33% - June 30 50% - July 31 40% - July 31 46% - August 31

25% - August 31

The actual amount to be paid to you is based on the final enrollment for your course(s) and is guided by the **COLLEGE** partial pay schedule. Specifically, if a course does not meet minimum student enrollment numbers, your pay may be prorated by the number of enrolled students. If the pay is prorated, our department will contact you to discuss options for the course. Additionally, the department retains the right to cancel the course at any time prior to it starting.  If cancelled, you will receive no financial compensation.

You are not required to register for courses during the summer. However, if you are employed in the summer but not registered for courses, you will be subject to FICA and Medicare taxes (currently 7.65% of your salary). To be exempt from FICA and Medicare taxes a student must enroll in 5 or more credit hours, all summer sessions combined.

Your accepting this appointment indicates your willingness to meet all classes as scheduled and to turn in grade reports by the due date. Any special arrangements must be approved by the Chair of the Department.

Please sign your name below to indicate your intent to accept or decline this offer. If I do not hear back from you or receive a signed copy of this letter by <DATE>, I will presume you have declined the offer and it will be withdrawn.

Sincerely,

Name

Chair, Name of Department

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

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

Print Name NU ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date