**ADD YOUR CAMPUS LETTERHEAD**

**GRADUATE RESEARCH ASSISTANTSHIP** APPOINTMENT LETTER TEMPLATE

STIPEND – Do not use this template for Research Assistants on Federal Work Study

[Date]

[Student Name]

[Address]

[Student ID#]

Dear

On behalf of the University of Alaska [Insert MAU] and Chancellor [Insert Chancellor’s Name], I am pleased to offer you a Graduate Research Assistantship in the [College/School/Institute] for the following appointment period(s):

Fall semester 20 (September to December )

Spring semester 20\_\_\_\_\_\_\_\_ (January \_\_\_\_\_\_ to May )

Under this Assistantship your duties will involve .

This Assistantship will pay $ bi-weekly for the term of the appointment, up to a **total stipend amount** of $ .

This assistantship includes:

* A tuition scholarship for up to 10 credits per semester. **The tuition scholarship will cover only courses directly related to your degree program.** Courses listed on your Graduate Study Plan or Advancement to Candidacy Forms are covered, as are others approved in writing by your Advisory Committee Chair or Dept. Chair. **Audited courses are not covered and do not count toward full-time enrollment.**
* This scholarship does does not include payment of departmental/course specific fees and university required fees.
* Payment of graduate student health insurance.

The tuition scholarship, payment of fees (if applicable), and payment of graduate student health insurance will be posted to your account upon receipt of the signed appointment letter by the [UAF Graduate School OR UAA Financial Aid Office] and after you complete full-time registration.

The scholarship is contingent upon your being a full-time graduate student (9 credits per semester), maintenance of satisfactory scholastic standing in your graduate degree program, and making progress toward your degree, as well as availability of funds. You will be required to repay the tuition scholarship if, at any time, these eligibility requirements are not met. This includes maintaining the minimum enrollment hours.

The Board of Regents has designated graduate assistantships as at-will positions and the university may terminate the appointment at any time for any reason or no reason.

Students who receive an assistantship are not permitted to engage in other employment (within or outside the university) and each student is limited to a 20-hour workweek during the academic year. Requests for a waiver of this policy should be made prior to acceptance of this appointment and submitted to the Dean of the Graduate School, through the chair of your graduate advisory committee, department chair, dean, and director (if applicable). Foreign nationals on temporary visas are not eligible for waivers to work over 20 hours while classes are in session. **Students who violate this restriction have violated their immigration status and are required to leave the U.S. immediately.**

This appointment and its terms and conditions are governed, in order of priority, by Board of Regents’ Policy, University Regulation, and applicable campus rules and procedures, as they presently exist or as they may be amended from time to time at the discretion of the university, as well as by the terms of this letter. Terms used in this agreement, including but not limited to at-will, etc., that have specific meanings and effects in Regents’ Policy, University Regulation and applicable campus rules and procedures, shall have those meanings and effects when used in this letter.

This letter states the terms of and is the sole agreement between you and the University, and no other agreements, discussions or representations shall affect the University’s or your obligations under this agreement. Alterations to the terms of this letter are ineffective unless approved in writing by the Dean/Director and Human Resources.

Any Assistantship and continued support are subject to a criminal background check at the option of the University.

UA is an AA/EO employer and educational institution and prohibits illegal discrimination against any individual:

[www.alaska.edu/nondiscrimination](http://www.alaska.edu/nondiscrimination).

You are subject to the Drug Free Workplace Act and must be and remain eligible for employment under the Immigration Reform and Control Act of 1986, as subsequently amended, and other state and federal laws. Ownership of intellectual property you may produce is governed by University Regulation 10.07.05. You are also subject to the Alaska Executive Branch Ethics Act (AS 39.52), as amended from time to time, and are required to complete and submit, to your dean or director, disclosure forms, including forms for Outside Employment or Services, Notice of Potential Violation, Receipt of Gifts, or Interests in State Grants, Contracts, Leases or Loans. When disclosures are required they are due upon the occurrence of a disclosable event and, for outside employment and services, at least every July 1.

The referenced disclosure forms are available from your supervisor or University of Alaska General Counsel at:

<http://www.alaska.edu/counsel/ethics-information/>

In addition, the Ethics Act requires, among other things, that you may not disclose or use information gained in the course of or by reason of your official duties that could result in the receipt of any benefit for you or an immediate family member, if the information has not also been disseminated to the public. Alaska Executive Act Ethics guidance produced by the Alaska Department of Law is available at: <http://www.law.alaska.gov/doclibrary/ethics/EthicsInfo.html>

If you accept this assistantship, please sign and return this letter and its attached copies within ten days to this office. You may wish to retain a copy for your records. If you have any questions, please contact [Department/College/School] at [phone number and/or email address].

Sincerely,

Dean/Director

I accept the Graduate Research Assistantship as outlined above. I affirm that the information above is true and correct and I consent to a criminal background check.

Signature Date Student ID #

# For Department Use Only:

# Student Name: Student ID#

# Tuition Scholarship for the following semester(s): Fall 20 # credits Spring 20 # credits

# Summer 20 # credits

# 

**RA Tuition Scholarship:** Exemption Code \_\_\_\_\_\_\_\_\_ Detail Code\_\_\_\_\_\_\_\_\_

**\* RA Payment of Fees \_\_\_\_no \_\_\_ yes Amount for fees not to exceed: $**

Exemption Code \_\_\_\_\_\_\_\_\_ Detail Code\_\_\_\_\_\_\_\_\_

For questions regarding tuition payment, contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name/Dept] at \_\_\_\_\_\_\_\_\_\_ [phone #]