DATE

Student

Address

City, State Zip

Dear Student,

Upon the strong recommendation of the Department of "Department”, I am pleased to confirm an offer to you of a [Fellowship/Award Name] for the[time frame]. You will be appointed at a stipend of $$$ for the [time frame]. The stipend will be paid in # equal installments of $$$ each. Recipients of [Fellowship/Award Name] may not hold other paid appointments on campus (TA, RA, instructor, etc.) or off campus during the fellowship period.

Fellows are required to maintain a full-time registration in the Graduate College (a minimum of nine hours during each of the fall and spring semesters unless enrolled in thesis). [The tuition is the responsibility of the department or student]. The fellowship will include the University’s contribution toward your health and dental insurance during the appointment*. The fellowship must be at least a semester or an academic year appointment to receive the contribution towards the health and dental insurance. The monetary amount of the fellowship must be at least $5,000 for the semester or $10,000 for the academic year to receive health benefits.*

If you were awarded Federal financial aid through the Office of Student Financial Aid, you should check with that office regarding the impact of this fellowship on your financial aid award. You may contact the office via email ([financial-aid@uiowa.edu](mailto:financial-aid@uiowa.edu)), telephone (319-335-1450) or walk-in (208 Calvin Hall).

Please formally acknowlege your acceptance of the [Fellowship/Award Name] by signing a copy of this letter and returning it to [address], by [date]. Please let me know as soon as possible, but no later than [date], whether you accept this offer.

I congratulate you on the excellent academic achievement which has made this award possible. I hope that this award will enable you to progress toward your educational objectives. Please feel free to call upon our staff if we can be of any assistance or if you have any questions.

Sincerely,

DEO

Dept

cc: DEO

Associate Dean

I accept/decline the offer of an [Fellowship/Award Name] for the [time frame].

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Signature Date