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| --- | --- |
|  | **<<Your Department>>**University of CincinnatiPO Box **<<Your PO #>>**Cincinnati, OH 45221-**<<your ML>>** Room **<<Office #>>, << building>>**Phone (513) **<<your phone number>>**Fax (513) **<<your fax>>** |
|  |  |

.**<<Full Name**

**Address Line 1**

**Address Line 2>>**

Dear **<<student name>>**:

It is my pleasure to inform you that your application for admission into the <<**State Specific Degree Title (Ph.D., M.S., etc.)>>** program in **<<Program Name>>** has been approved. This offer of admission is accompanied by three award offers, a Graduate Assistant Scholarship (GAS), a Graduate Student Health Insurance (GSHI) Award, and a University Graduate Assistantship (UGA) appointment, which carries a stipend. Attached are offer letters for each award. In order to accept or decline admission and *all* financial support offers, you will need to sign and return all four (4) letters.

Please note that the combined total worth of both of your award offers is **<<$XXXX (Add the total worth number from the GAS letter to the total worth from the assistantship letter. You MUST state the exact dollar amount) >>.** Your GAS offer letter further details the percentage of tuition and fees covered or not covered by the scholarship award. Your assistantship letter details the manner in which your stipend will be paid.

There are some important orientation/tests that are a requirement of your admission. They include:

1. **Verification of your completed bachelor’s degree by official transcript sent directly from your past institutions either by electronic delivery to** **grad.admissions@uc.edu** **or mail to: Graduate Admissions, University of Cincinnati, P.O. Box 210091, Cincinnati, OH 45221-0091.**
2. **<<Department Orientation (insert date)>>**
3. **<<Any Required Tests>>**
4. **<<Include any required training or orientation dates for the assistantship>>**

Please indicate your acceptance of this admission offer within 15 days. Per a resolution by the Council of Graduate Schools, you are not required to respond to the attached offers of financial support until April 15th (<https://cgsnet.org/wp-content/uploads/2022/04/CGS_April15_Resolution_Apr22.pdf>).

Please direct any questions or concerns about your program of study to my attention. I am looking forward to your reply.

Sincerely,

**<< Program Director Name>>, Director**

**<<Department Name>>**

I accept the offer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

I decline the offer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **<<Your Department>>**University of CincinnatiPO Box **<<Your PO #>>**Cincinnati, OH 45221-**<<your ML>>** Room **<<Office #>>, << building>>**Phone (513) **<<your phone number>>**Fax (513) **<<your fax>>** |
|  |  |

**<<Full Name**

**Address Line 1**

**Address Line 2>>**

Dear **<<student name>>**:

We are pleased to offer you a Graduate Assistant Scholarship (GAS) to support your studies in pursuit of the **<<State Specific Degree Title (Ph.D., M.S., etc.)>>** degree in the **<<Program Name>>** department.

The Graduate Assistant Scholarship (GAS) will cover **<< percentage written out (XX%)>>** tuition and **<< include any fees your program DOES choose to cover (you cannot cover the ITIE fee and list the percentage covered and the exact dollar amount >>** fees for the 2023-24 academic year (Fall and Spring Semesters). This award does not cover the Instructional Technology Information Equipment Fee, **<<all other fees your program chooses NOT to cover and give the exact dollar amount of each fee the student will need to pay in parentheses after the fee is named >>**. The total worth of your award (tuition and fees) is **<<$XXXX (You MUST state the exact dollar amount for tuition and fees covered>>**.

Note that in order to maintain this award, you must achieve a satisfactory level of academic performance **(<< 3.0 or higher program standard>>** GPA or better), and you must register for a minimum of 12 graduate credit hours**. <<Insert any other obligations or standards your program requires to maintain the assistantship>>**.

Please indicate your acceptance of this offer of support as soon as possible. Per a resolution by the Council of Graduate Schools, you are not required to respond to offers of financial support until April 15th

(<https://cgsnet.org/wp-content/uploads/2022/04/CGS_April15_Resolution_Apr22.pdf>). Please direct any questions or concerns about your program of study to my attention. I am looking forward to your reply.

Sincerely,

**<< Program Director Name>>, Director**

**<<Department Name>>**

I accept the offer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

I decline the offer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
|  | **<<Your Department>>**University of CincinnatiPO Box **<<Your PO #>>**Cincinnati, OH 45221-**<<your ML>>**  Room **<<Office #>>, << building>>**Phone (513) **<<your phone number>>**Fax (513) **<<your fax>>** |
|   |   |

**<<Full Name**

**Address Line 1**

**Address Line 2>>**

Dear **<<student name>>**:

We are pleased to offer you a Graduate Student Health Insurance (GSHI) Award to support your studies in pursuit of the **<<State Specific Degree Title (Ph.D., M.S., etc.)>>** degree in the **<<Program Name>>** department.

The Graduate Student Health Insurance (GSHI) Award will **provide $918.50/semester toward** the UC Student Health Insurance coverage premium for the 2023-24 academic year (Fall and Spring Semesters). The total worth of your GSHI Award is **<<$XXXX (the total will be $918.50 if they hold a GA position for only fall OR spring semester, or $1837 if they hold a GA position for both fall AND spring)>>**.

Note that in order to maintain this award, you must register for a minimum of 10 graduate credit hours, hold a graduate assistantship that provides stipend payments of a minimum $2,636 per semester through UC payroll, and maintain university student health insurance coverage throughout the semester. The GSHI Award is posted by the Graduate College Office, thus you must submit a signed copy of this letter via the GSHI form, available at <https://grad.uc.edu/student-life/awards/gshi/submission.html> to receive your GSHI award. It is recommended that you submit your GSHI offer letter to the Graduate College via [the submission form](https://grad.uc.edu/student-life/awards/gshi/submission.html) by August 1st to receive your GSHI funds in a timely manner. Students who submit the GSHI form after August 1st may not receive their GSHI fall semester funds prior to their tuition bill due date.

Note: Students **must** confirm their eligibility for this award every academic year. Eligibility requirements for this award and more information can be found on the Graduate College web site: <http://grad.uc.edu/student-life/awards/gshi.html>.

Please indicate your acceptance of this offer of support as soon as possible. Per a resolution by the Council of Graduate Schools, you are not required to respond to offers of financial support until April 15th  (<https://cgsnet.org/wp-content/uploads/2022/04/CGS_April15_Resolution_Apr22.pdf>). Please direct any questions or concerns about your program of study to my attention. I am looking forward to your reply.

Sincerely,

**<< Program Director Name>>, Director**

**<<Department Name>>**

I accept the offer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

I decline the offer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **<<Your Department>>**University of CincinnatiPO Box **<<Your PO #>>**Cincinnati, OH 45221-**<<your ML>>** Room **<<Office #>>, << building>>**Phone (513) **<<your phone number>>**Fax (513) **<<your fax>>** |
|  |  |

**<<Full Name**

**Address Line 1**

**Address Line 2>>**

Dear **<<student name>>**:

We are pleased to offer you a University Graduate Assistantship (UGA) appointment in the **<<Department>>** to support your studies in pursuit of the **<<State Specific Degree Title (Ph.D., M.S., etc.)>>** degree in the **<<Program Name>>** department. The appointment period is **<<Begin Date>>** through **<<End Date>>**. This appointment stipend is offered *in addition* to your tuition award, and service is required to maintain the appointment. The total worth of your stipend for the assistantship is <**<$ exact dollar amount for full academic year>>**, **<<($XXX per semester) >>**. The award will be paid to you in bi-weekly increments in the amount of **<<$ exact dollar amount per bi-weekly pay period>>** in the **<<name the semesters in which it will be paid>>** semesters.

Your assignment as a [University Graduate Assistant](https://grad.uc.edu/content/dam/refresh/grad-62/docs/policy/handbook.pdf) (UGA) in the **<<Department>>** will involve **<<detail the responsibilities>>**. Your work as a University Graduate Assistant (UGA) will entail **<<number>>** hours per week. Please keep in mind that your work hours are never allowed to exceed the 20 hour per week limit when school is in session, and in order to comply our department will never demand additional work hours of you. In addition, we will work with you to determine a schedule that allows you to meet your academic responsibilities as a graduate student. This is a part-time student appointment that provides no formal sick leave, vacation time or retirement benefit. This is a part-time student appointment that provides no formal sick leave, vacation time or retirement benefit.

Note that in order to maintain this award, you must achieve a satisfactory level of academic performance **(<< 3.0 or higher program standard>>** GPA or better), and you must register for a minimum of 12 graduate credit hours**. <<Insert any other obligations or standards your program requires to maintain the assistantship>>**.

Please note that the Internal Revenue Code considers this stipend as taxable income. Amounts received that represent payment for teaching, research or other services required as a condition for receiving the scholarship or fellowship are also considered taxable income. Only the portion of your scholarship or fellowship used to pay eligible educational expenses, such as tuition and fees, books, supplies, and equipment required for courses of instruction, are EXCLUDABLE from your gross/taxable income. Room, board, and other living expenses do not qualify, therefore, scholarships or fellowships paid specifically to cover these costs are also taxable income. These other conditions apply for state and city taxes. You should maintain careful records of your legitimate educational expenses in order to document any deductions that you may be eligible to claim when you file your taxes. If you have questions about a potential tax liability, you should consult a personal tax specialist or accountant.

Note: Graduate Assistants receiving a minimum of $2,636 through UC payroll in the fall and/or spring terms and who meet eligibility requirements (including full time status), qualify for the Graduate Student Health Insurance (GSHI) award to offset the cost of using UC’s Student Health Insurance. The submission form for this award and specific details can be found on the Graduate College web site: [http://grad.uc.edu/student-life/awards/gshi.html](https://nam11.safelinks.protection.outlook.com/?url=http%3A%2F%2Fgrad.uc.edu%2Fstudent-life%2Fawards%2Fgshi.html&data=04%7C01%7Cdennisva%40UCMAIL.UC.EDU%7Cafd021d7f8bd42298ed708d984458701%7Cf5222e6c5fc648eb8f0373db18203b63%7C1%7C0%7C637686256411382053%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=cZRfI8aLZhttpQZbaoK1MAhW3feGVwOkfgOkkrWEpxk%3D&reserved=0).To receive your GSHI award funds in a timely manner, it is recommended that you submit your GSHI offer letter to the Graduate College via the submission form by August 1st. Students who submit the GSHI form after August 1st may not receive their GSHI fall semester funds prior to their tuition bill due date. Students must submit the GSHI form *each year* to confirm that they meet all eligibility criteria. Please indicate your acceptance of this offer of support as soon as possible. Per a resolution by the Council of Graduate Schools, you are not required to respond to offers of financial support until April 15th

(<https://cgsnet.org/wp-content/uploads/2022/04/CGS_April15_Resolution_Apr22.pdf>).

Sincerely,

**<< Program Director Name>>, Director**

**<<Department Name>>**

I accept the offer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

I decline the offer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_