# 3207 STUDENT STIPEND TEMPLATE Rev 11/2021

Date

Complete and/or make choices in each highlighted section filling in the blanks as appropriate or delete when not applicable. **Delete highlighted instructions, underlines, and references.** Please check final formatting and page breaks.

Name

Address

City/State/ZIP

**Student Stipend Offer**

Dear Mr./Ms./Miss/Mrs. Surname only:

I am pleased to offer you a Name stipend for the 20XX-XX academic year. This stipend is offered for the purpose of supporting your educational activities in the Department of Name at the University of Colorado Colorado Springs. The decision to offer you this stipend was made after a careful review of your application materials. The reviewers believe that you have the ability to do high-quality work and we are pleased to offer you this stipend in recognition of your great potential for success.

The Name stipend may be renewable yearly, contingent upon you maintaining satisfactory academic progress, the recommendation of your graduate advisor, and the availability of funds. This stipend includes a monthly stipend of $Amount from Month/Day/Year through Month/Day/Year. Stipends will be paid on the last working day of the month. Acceptance of this offer does not require that you perform any services to the university in return. It is our intention that you will use this stipend for books, fees, equipment, and other educational costs.

Your signature on this letter of offer signifies your acceptance of all of the terms and conditions of this offer and your agreement to remain a full-time, registered student at UCCS in good standing during the award period.

Please notify me of your willingness to accept this stipend by returning the signed original offer letter to Name in the College/School of Name of College by Month/Day/Year. Please keep a copy for your records. We look forward to your acceptance of this offer.

Very truly yours,

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

Name

Chair/Program Director/Other Title

Approved by:

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

Name

Dean, College of Name

I accept this offer as described above and agree to comply with all conditions specified herein.

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Signature Date

Job Code: 3207

Speedtype: \_\_\_\_\_\_\_\_\_\_

Organization/Department: \_\_\_\_\_\_\_\_\_\_\_