[Always include Marquette ID numbers on offers and names as they appear in CheckMarq.]

**[Date]**

**[Student name]**

**[Address]**

**[City, State Zip]**

**Marquette ID No.:**

Dear **[student name]**:

I am pleased to offer you a **[full; half]** research assistantship for the **[academic year; fall semester; spring semester]** of **[year/s]**. This award is funded by **[name of research grant]**. Assistance associated with this position includes the following:

**Stipend:** $**[total stipend]** over the period **[start date or month]** through **[end date or month]**.

Continued support is contingent upon satisfactory progress.

**Tuition:** As needed to ensure full-time registration status with my approval.

Continued support is contingent upon satisfactory progress.

In addition to the above stipend, you may be eligible to receive a stipend supplement of $375 each semester (fall and spring only) of this assistantship to help defray your health insurance costs, or other living expenses. These stipends are taxable as income and will be issued after the first pay cycle of each semester. If you qualify, you will be contacted by the Graduate School with details. Information on health and wellness resources on campus is available at [Graduate Student Health Care](https://www.marquette.edu/grad/graduate-student-healthcare-options.php).

This award supersedes all other offers of financial aid from Marquette University for the term indicated unless specifically stated otherwise. The rules and guidelines related to this award are identical to those associated with the rules of and guidelines of all graduate assistantships offered by the Marquette University Graduate School. They can be found in the [Marquette University Graduate Assistant Handbook](https://www.marquette.edu/grad/grad-assist-handbook.php) online. Acceptance of this offer assumes you have read, understood, and agreed to all rules and guidelines in the handbook. It is important to note that failure to make satisfactory degree progress can result in loss of funding or impact department renewal decisions.

**Response deadline:**

**[For fall offers made between January 1 and April 1:** In accordance with the [Council of Graduate Schools’ (CGS) resolution](https://cgsnet.org/april-15-resolution), please inform us in writing of your decision no later than April 15.]

**[For fall offers made after April 1 and spring or summer offers:** Please respond within two weeks of receipt of this letter.] If I do not hear from you by the deadline, this offer may be withdrawn. I look forward to working together. Thank you for your time and consideration of this offer.

Sincerely, **Student Response**

 I accept this offer  I declined this offer

Dr. **[faculty name]**

Signature Date

CC: [postaward@marquette.edu](mailto:postaward@marquette.edu) (ORSP)

[gradfinaid@marquette.edu](mailto:gradfinaid@marquette.edu) (Graduate School)

Department student coordinator

College Director of Academic Business Affairs