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Dear First Name:

Congratulations! The Admissions Committee for the Department of <DEPT> at Auburn University has reviewed your application for the MASTERS/DOCTORAL degree. I am pleased to inform you that the committee has recommended to the Graduate School that you be admitted to the department effective <SEMESTER>.

In addition you have been recommended to receive a FTE FRACTION-time assistantship with a stipend of \$<DOLLARS> for <NUMBER> months (INCLUDING/ EXCLUDING Summer), also effective <SEMESTER>.

To start the hiring process for the assistantship, please follow the below link and complete the employment application form. <INSERT DIRECT LINK FROM PEOPLEADMIN FOR APPLICANT HERE>

This offer of employment is contingent upon completion of a satisfactory background check. Further information regarding completion of the background check will be sent via email, from working@auburn.edu, following completion of your employment application.

The exact nature of this assistantship will be determined later in the <SEMESTER> when the teaching and research needs of the department are more clearly specified.

With your assistantship, you will also receive a full-tuition fellowship that covers your tuition and fees (except for a fee of approximately \$700) for each semester you are on the assistantship up to a maximum of <DEGREE MAXIMUM> credit hours. Details regarding policies that govern tuition fellowships can be found at

<http://graduate.auburn.edu/current-students/guidelines-for-graduate-tuition-fellowships/>

Together, at current tuition rates, the dollar value of your assistantship and fellowship package is \$<DOLLARS>/year. Assistantships are temporary and their continuation depends on the availability of funds, levels of enrollment, and research needs in the department as well as your maintenance of good academic standing and steady progress toward your degree.

As an additional benefit linked to your assistantship, you will be enrolled automatically in the Graduate Student Health Insurance plan. The total annual premium is approximately \$2,028.00. You will be billed for the premium in your bursar bill. Learn more about the plan at the following URL:

<http://graduate.auburn.edu/graduate-student-health-insurance-program/>

If you already have health insurance you may opt out of the Graduate Student Health Insurance plan by completing the "Waiver Request" found at the above URL and providing proof of current insurance.

Please contact me if you have any questions about this offer. I would like to know your response to this offer as soon as possible but no later than <DATE>. If I have not heard from you by <DATE>, I will assume you are not interested and the offer will no longer be valid. If you need additional time to consider your options, please contact me before <DATE> and we can discuss your needs. Please let me know if you would like to visit the campus. I would be pleased to assist you in making arrangements.

Sincerely,

<GPO OR DEPT HEAD NAME>, Ph.D, <TITLE>

<DEPARTMENT NAME>

<DEPARTMENT ADDRESS>

Auburn University Auburn AL 36849

Telephone Number(s)

E-MAIL ADDRESS

C: RELEVANT DEPARTMENT MEMBERS