

Memorandum B
Template for Graduate Assistant (GTA or GRA) Appointments

*When Applicants require a Personal Background Check prior to employment**

Date _____

Address _____

Dear Mr./Ms. _____

It is my pleasure to inform you that you have been admitted into the graduate program in _____ beginning _____. ... We have also decided to support your graduate work with an appointment in the department as a (graduate teaching assistant/graduate research assistant).

Your appointment as a (GTA/GRA) will be for X tenths and will begin on _____. For this appointment, you will earn \$_____ per (hour/month/semester/year). The benefits you will receive include (GTA/GRA on 0.5 appointment: resident tuition and GTA/GRA health insurance if applicable; GTA on 0.5 appointment: tuition waiver of up to 10 credit hours per semester).

(NOTE: The tuition waiver depends on the tenths of appointment as a GTA. For 0.5 appointments, the waiver is up to 10 hours per semester. For 0.1 GTA appointments, the waiver is up to 2 hours per semester. Any hours taken above and beyond the level of the waiver will be billed to the student at in-state tuition rates.)

For this appointment, you are required to maintain full-time status as a graduate student (enrolled in at least 6 hours per semester). You are expected to work approximately ____ hours per week. Your responsibilities in the position will include (list of duties). Your continued appointment will depend on your satisfactory performance of these duties, your continued status as a full-time graduate student in good academic standing (3.0 or higher GPA, and available funds

If you have any questions on this appointment, please contact _____. ...

Required Wording: By University policy, this offer is contingent on a successful criminal background check and admission to Kansas State University Graduate School. If you accept this assistantship offer, please sign below and return **the original, signed** letter to me at the address shown above. You are also required to complete the criminal Background Check Request Form and return **a copy** to the same address. Please note that you should confirm the receipt of the enclosed A Summary of Your Rights Under the Fair Credit Reporting Act and Remediating the Effects of Identity Theft by checking the box indicated on the form.

I accept this appointment _____ Date _____

I am looking forward to you joining our program. I wish you success in your studies and your appointment.

Signature _____

* *Domestic and non-resident aliens previously residing in the U.S. in the last 7 years for at least one month.*