

TEMPLATE FOR UNIVERSITY AWARD LETTER

*INSTRUCTIONS: If you are receiving a university award, tuition waiver (full or partial), assistantship or fellowship, please have your academic department complete the information below and copy and paste onto **university letterhead**. The university representative should also **date and sign this letter** and return it to you or to your IIE advisor directly (as a scanned PDF).*

DATE

Dear IIE,

This letter is to confirm a university award to Fulbright: (Student's First and Last Names)

Name of award:

Type of award (e.g., tuition waiver [full or partial], assistantship or fellowship):

TUITION/FEES

- Tuition waiver type and value (please select one):
 - Full (enter number of credits covered) —
 - Percentage (%) —
 - Out-of-state waiver (provide number of credits covered) —
 - Per Credit (provide number of credits covered) —
 - Flat (state dollar amount \$) —
- Tuition waiver dates/terms:
- Fees waiver type (Full or Partial):
- Fees waiver amount: \$
- Fees waiver dates/terms:

HEALTH INSURANCE

- University health insurance award amount: \$
- Coverage Dates: From (MM/DD/YYYY) to (MM/DD/YYYY)

ASSISTANTSHIP OR OTHER ON-CAMPUS EMPLOYMENT

- Assistantship type (e.g., Teaching, Research, Reader, other/describe):
- Salary or Stipend paid per hour/month/year (select one): \$
- Dates of employment: From (MM/DD/YYYY)to (MM/DD/YYYY)
- Hours employed per week:

FELLOWSHIP

- Fellowship or Stipend (with no work requirement) amount: \$
- Terms award covers (e.g., Spring semester, year):

ADDITIONAL INFORMATION

- Factors upon which this award is contingent (e.g. state budget, student GPA, etc.):
- Website address of university tuition & fees:

Sincerely,

SIGNATURE

First and Last Name Printed, Title, Department, Telephone Number, Email Address