**UGF Award Letter Template**

**Instructions:**

1. **Update all areas highlighted in gray**
2. **Put on unit letterhead**
3. **Obtain signatures**
4. **Send to student as a PDF**

<Date>

<First and Last Name> ASU ID #: <Ten-Digit ID>

Electronically Delivered Degree Plan: <Program Name, MS/PhD>

Dear <First Name>,

The <Program Name, MS/PhD> is pleased to offer you a University Graduate Fellowship (UGF) in the amount of $<x,xxx> per <AY/semester> for the <20XX> Summer semester.

**Terms of Award:**

* Award recipients must enroll for a minimum of one (1) graduate-level non-audit credit hour during the award term.
* Award recipients are responsible for ensuring all remaining tuition and fees are paid.
* Award recipients must maintain a minimum 3.0 cumulative GPA during the award period.
* Award is valid only during the award period stated above.
* Award is non-renewable unless otherwise stated above.

**Award Disbursement Process & Notes:**

* The UGF award will be disbursed by the <Unit Name> through the University Student Financial Aid system in one increment of <$X,XXX> at the beginning of the Summer <20XX> semester. Any charges on your account will be paid from the award before a refund is issued.
* If you have applied for and/or received financial aid, acceptance of this fellowship may decrease your financial aid funding eligibility. Please consult Financial Aid and Scholarship Services if you have additional questions.
* Refund checks (if applicable) will be sent to the mailing address in the ASU system if you have not signed up for direct deposit. **Note:** Students can sign up for Financial Aid’s direct deposit via My ASU**.**
* Please note that your fellowship will be subject to appropriate tax deductions, and it is your responsibility to understand the costs of benefits and tax implications of your fellowship. If you have any questions about the tax implications of your fellowship, please consult your tax advisor. ASU staff does not provide tax advice.

If you wish to accept this award, please sign and return this document to <name/email address> by <insert date>, otherwise this offer will be withdrawn.

We are impressed by your record of achievement and congratulate you on receiving this award. If you have any questions, please contact me.

Sincerely,

<Name>

<Title/Position>

**By signing below, I certify that I have read, understand, and agree to all of the terms and conditions and I accept this award.**

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First Name Last Name Signature Date