Select the date

Enter student’s full name

Enter student’s address line 1

Enter student’s address line 2

Enter student’s address city, state, zip

Dear Enter student’s name:

I am pleased to offer you a Graduate Externship. If you accept this award, you must register for a course of study approved by your academic advisor and maintain your status as a matriculated graduate student. You are required to remain in good academic standing and continue to make satisfactory progress (as defined by your school/college) toward your degree. You must also perform the required work at a level considered satisfactory by the designated University officer.

Please read this document and initial each page in the lower right-hand corner to acknowledge that you have read and understand all of the terms and conditions of this award. Sign the final page and return this copy to the person designated on the final page. Be sure to keep a copy for your own records. Temple University neither promises nor guarantees renewal of this award beyond the term offered.

Temple University also makes available Student Financial Aid in the form of loans. For information on loans, please consult the Student Financial Services website (www.temple.edu/sfs).

**TERMS AND CONDITIONS OF THE GRADUATE EXTERNSHIP**

**Department(s)/Unit(s) in Which Work Is Required**

Enter department

Select appropriate school/college or unit

**Supervisor(s) in Department/Unit**

Enter supervisor

Enter additional supervisors

# Period of the Award

Select start date – select end date

# Total Stipend for Period of Award

Enter total stipend to be paid in enter number of monthly payments monthly installments beginning on select start date and ending on select end date.

# Type and Amount of Work Required

By accepting this award, you agree to provide to the University an average of enter number of hours hours of work each week during the term of the Graduate Externship. Your work may be assigned at any location within the University as specified by the designated University officer. At this time, in accordance with the workload guidelines established by Temple, you may expect your work assignment to be as described in the attached Assignment Form, which you are required to sign and return. This award constitutes a select percentage appointment, and benefits awarded will be provided at this proportional rate.

# Health Insurance Benefits

You are eligible to select one of the following plans to be effective with the beginning of the semester: Blue Cross/Blue Shield Comp Select or Keystone Point of Service for Pennsylvania or New Jersey. If you have a full-time appointment for an entire academic year, Temple will contribute toward the payment of the premium as follows:

* If you select the Blue Cross/Blue Shield Comp Select plan, Temple will contribute the premium required to pay for 12 months’ single individual coverage.
* Under the Keystone Point of Service plan, Temple will contribute the premium required to pay for 9 months’ single individual coverage.

If you hold less than a full-time appointment or an appointment for less than an entire academic year, Temple’s contribution will be prorated accordingly.

If the amount contributed by Temple is not sufficient to fully pay the premiums for the plan you select, you will be responsible for any difference in premium and you will contribute in equal installments through payroll deductions. If the amount of payroll funds is insufficient to fully pay your contribution, you can make arrangements with the Department of Human Resources to pay directly any required additional contribution. Temple’s obligation to contribute is conditioned upon your maintaining your current award status. If you fail to maintain your current award status, Temple’s contribution will be reduced pro rata for that period of time.

Additional information on each of the health plans is available on the Human Resources website at [www.temple.edu/hr/students](http://www.temple.edu/hr/students). After you accept the award and have completed all employment procedures, you must enroll in a plan in person at an enrollment session in the Department of Human Resources on campus.

**Employment Performance**

In the performance of your functions as an employee, you have an obligation to avoid ethical, legal, financial, and other conflicts of interest to ensure that your actions and outside activities do not conflict with your primary employment responsibilities at the institution. Employees are also expected to understand and be in compliance with applicable laws, as well as University and employment policies and regulations, including NCAA regulations when interacting with student athletes.

# Additional Employment

Any other employment within Temple is subject to University approval and will be permissible only if it does not interfere with assigned duties or responsibilities and is in accordance with other Temple policies. Any Graduate Extern seeking other employment must notify the University by completing and submitting the “Request for Other Employment” form.

**Prorated Graduate Externship Clause**

If the Graduate Externship is discontinued for any reason, your stipend and benefits will be prorated through the last day worked.

### Conditions Subject to Change

The designated University officer may assert her/his sole discretion and place you in a different assignment if s/he deems it necessary to do so. The terms and conditions of this Graduate Externship are subject to change in accordance with changes in the level of external grant and/or contract funding or with changes in the needs of the department, school/college, or University which may necessitate an alternative to the projected predominant assignment.

**Policies and Procedures of Temple University**

This Graduate Externship is subject to all policies and procedures of Temple University, the Graduate School, and your school/college. You may review all academic policies in the dean’s office of your school/college and all University-wide policies and procedures in the Department of Human Resources or in the Office of the University Secretary. By signing and initialing this acceptance letter, you agree to be bound by all policies and procedures including, but not limited to, Temple University’s Invention and Patent Policy and Sexual Harassment Policy. In addition, you hereby assign to Temple University any and all intellectual property rights in any inventions created by you during the period of your employment and emerging from any university research or development activity, or from use of any university facilities or equipment. University policies are revised periodically, and you are responsible for adhering to the then-current version.

# Proof of Citizenship or Authorization to Study and Work in the United States

Federal law requires that all persons provide evidence of U.S. citizenship or, if you are a non-citizen, evidence of authorization to work in the United States. Temple University requires that Form I-9 be completed **in person** at Temple University **before** beginning employment with the University. If you are a citizen, lawful permanent resident, or a non-resident alien, you must complete the I-9. To view the form and instructions on what documents you will need to bring to complete the I-9 form, visit the Department of Homeland Security’s website at [www.uscis.gov/files/form/i-9.pdf](http://www.uscis.gov/files/form/i-9.pdf).

Temple University is unable to pay any portion of a stipend before you have completed the I-9 and other required forms. If you are on a non-immigrant visa and work prior to your official start date, such work may be considered “unauthorized employment” by the Immigration and Naturalization Work Act and a violation of status.

**Modifications to Terms and Conditions of the Graduate Externship**

The terms and conditions described in this document may not be modified or altered by any oral statements or representations of any person.

**INSTRUCTIONS FOR ACCEPTING THE GRADUATE EXTERNSHIP**

**Deadline to Accept the Graduate Externship and Return Signed Documents**

This award is contingent upon your returning this initialed and signed acceptance letter and completing all other forms required by the University. Please initial each page of this letter, sign the last page, and keep a copy for your permanent files. This Graduate Externship must be accepted within 20 working days of the date offered, or the offer is null and void.

**Award Acceptance Deadline**

Select acceptance deadline date – at least 2 weeks after date of letter

If you anticipate any difficulty in returning your acceptance within the time required, please contact me by telephone, email, or fax.

Best wishes for success in completing your graduate degree at Temple University.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enter name of individual authorized to offer externship

Enter individual’s email address

*Voice:* Enter individual’s telephone number

*Fax:* Enter individual’s fax number

**ACCEPTANCE**

**I certify that I am a** (circle one only)**:**  **U.S. Citizen Resident Alien Foreign National**

**I accept the terms and conditions of this award:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Printed Name Email

**RETURN ALL PAGES OF THIS DOCUMENT SIGNED AND INITIALED TO:**

Enter name and title of individual responsible for managing award

Enter individual’s mailing address

Enter individual’s email address

Voice: Enter individual’s telephone number

Fax: Enter individual’s fax number

CC: Enter anyone copied on this letter

 Enter anyone else copied on this letter

Enclosures: Enter any enclosures

**ADDENDUM to Graduate Externship Letter**

**Instructions: This attachment is to be completed by the department/school/college/unit and forwarded, along with the letter to which it is attached, to the Graduate School in support of the Graduate Student Support package outlined in the letter. This information will be retained by the Graduate School after it is used for the purpose of approving the award. *It is not intended to be shared with the student awardee.***

|  |  |
| --- | --- |
| **TUid:** |  |
| **Student Name:** |  |
| **Dept./School/College/Unit:** |  |
| **FOAPAL (Fund/Org/Account/Program):** |  |
| **Start Date:** |  |
| **End Date:** |  |
| **Job Title:** |  |
| **Undergraduate GPA:** |  |
| **Graduate GPA, if applicable:** |  |
| **Exception Code, if GPA is <3.25:** |  |
| **Prepared by:** |  |
|  |
| **Is this a REVISED letter?** |  |
| **If “yes,” provide the date of the original letter replaced herewith:**  |  |
|  |
| **Are additional hours of employment requested?** |  |
| **If “yes,” provide the number of additional hours requested beyond the 20-hour cap:** |  |
| **If “yes,” is the required Graduate Student Request for Other Employment Form attached?** |  |