Date

Name

Address

City, State Zip

Dear Name:

I am pleased to offer you a non-tenure track Student Stipend/Pre-Doctoral Training appointment within the Department of \_\_\_\_\_\_\_\_\_\_\_ in the College of Liberal Arts and Sciences.  This appointment is paid in the form of a stipend and is not eligible for and does not lead to the award of tenure.  This offer is contingent upon the Dean’s approval and your passing of the criminal background check.  You may not begin the requirements of the fellowship prior to passing the background check and your appointment is subject to termination if it is later determined that you failed.  University policy also requires affiliates to disclose any new criminal convictions.

Your fellowship is an at-will appointment. Your stipend support with the Department of \_\_\_\_\_\_\_\_\_\_\_\_ is for your participation in (description of fellowship/stipend). Please include any department/fellowship specific qualifications in this section if applicable (i.e. enrollment requirements, orientation, participation requirements, etc.).

Your fellowship begins \_\_\_\_, 2025 and ends on \_\_\_\_, 2025. The fellowship amount is $\_\_\_\_\_\_. Your salary is considered an open record under Colorado law and may be provided publicly. You will be paid $\_\_\_\_\_\_ monthly on the last business day of the month.

As a condition of your appointment, you are expressly subject to the rules and policies of the Regents of the University of Colorado. This is an at-will appointment, subject to termination by either you or the University at any time. Except as provided by law, no compensation shall be owed or paid to you upon or after the termination of your position as a student.

This part-time appointment is without group health, life insurance, and retirement benefits. Student stipend/Pre-Doctoral Training appointments are reserved for students actively enrolled and participating in an approved undergraduate/graduate program. Prior to payment, you will be required to provide proof of enrollment in an undergraduate/graduate program in your department. If your enrollment status changes, please notify your department and supervisor immediately. Your enrollment status is subject to verification at any time. If you are not actively enrolled, your appointment could be subject to termination.

By accepting this appointment, you become subject to and agree to comply with all Laws, resolutions, rules, and regulations adopted by the Board of Regents, and with all policies and regulations adopted by the University, by the University of Colorado Denver, and by the College of Liberal Arts and Sciences as they may be amended from time to time.

You agree to uphold ethical standards appropriate to your position as a graduate student, including, but not limited to, standards applicable to conflicts of interest and conflicts of commitment as defined by university policies.

We look forward to your acceptance of this offer and to your contributions to the University of Colorado Denver.

Sincerely,

Department Chair Name, Department Chair *Optional:* Supervisor, Faculty Title

Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, CLAS Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, CLAS

University of Colorado Denver University of Colorado Denver

**I accept this offer as written above:**

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Signature Dat