

**Academic/Support Unit Name**

118 College Drive #XXXX | Hattiesburg, MS 39406-0001

Phone: 601.266.XXXX | Fax: 601.266.XXXX | www.usm.edu/XXXX

Date

To: Student’s Name

From: XXXX

RE: Addendum to 2019-2020 Graduate Assistantship in Academic/Support Unit Name Award

This serves as an official addendum to your original graduate assistantship award letter for the (fall/spring; fall, spring, academic year) term.

This addendum covers: (List what the addendum covers; examples below)

* An extension of your award to begin on XXX
* Ending date of award to end on XXX
* Job responsibility changes (if applicable)
* Hour changes (if applicable)
* Pay rate changes (if applicable)
* Regular GA to Grant GA or vice versa

This assistantship will require that you are continuously enrolled in a minimum of (9 – fall/spring or 1 – summer: select appropriate hours based upon the term this addendum is for) for the XXX term. Failure to remain continuously enrolled for the required hours will result in pro-rating of tuition waivers by the Graduate School.

 I accept this addendum to my original award letter.

  I decline the offer.

Student **Signature** Student ID Date