## **Student Stipend Agreement Letter**

| Sponsor:  | Banner Index:                   |  |  |
|---|---------------------------------|--|--|
| Project Title:  | Account Code:                   |  |  |
|   | Rocket Number:                  |  |  |
| Dear  |                                 |  |  |
| We are excited to offer you an undergraduate research educational opportunity or includes stipend support.  | n our team. This opportunity    |  |  |
| We have very high expectations for participating students and we anticipate that pexceed those expectations. Expectations for each semester are outlined below: | participants will meet and even |  |  |
|   |                                 |  |  |
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The entire time that you are involved in the project: You will adhere to the highest standard of ethics at all times. You will aim to produce the best quality effort possible within the time requirements specified in this offer letter. You will

also contribute to the positive and supportive environment of the team.

1

As explained in Table 1, your stipends will be paid after your advisor approves the corresponding milestones for that period.

Table 1: Due dates and list of milestones that need to be approved by your advisor before you can receive the stipend.

| Date The following milestones have to be approved by your advisor before you can receive the stipend |  | Stipend Amount (\$) |  |  |
|--|--|---------------------|--|--|
|  |  |                     |  |  |
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Your commitment and the financial support you will receive from the project is summarized in Table 2.

Table 2: Summary of commitment and the financial support you will receive from the project.

| Semester and Year         |  |  |
|---------------------------|--|--|
| Estimated time commitment |  |  |
| Engagement                |  |  |
| Stipend                   |  |  |
| Housing Allowance         |  |  |
| Food Allowance            |  |  |
|                           |  |  |
|                           |  |  |
|                           |  |  |

| Please note that this is a stipend and is not eligible to receive OPERS benefits.                    |      |  |  |
|--|------|--|--|
| Your signature indicates your commitment to meeting the requirements explained in this offer letter. |      |  |  |
| Student Name Printed:  |      |  |  |
| Student Signature:   | Date |  |  |
| Supervisor Name Printed:   |      |  |  |
| Supervisor Signature:  | Date |  |  |



## **REQUEST FOR:**OPTIONAL EXEMPTION AS A STUDENT

Ohio Public Employees Retirement System 277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org

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|---|------------------------------------|--|-----------------|----------------|
| STEP 1: Personal Information and Student (to be comple  | ted by student                     | )  |                 |                |
| Social Security Number  |                                    |  |                 |                |
|   |                                    |  |                 |                |
|   | Daytime Ph                         | one Number                                 |                 |                |
| Employee ID Number  |                                    |  |                 |                |
| First Name  |                                    |  |                 |                |
|   |                                    |  |                 |                |
| Lord Money  |                                    |  |                 |                |
| Last Name   |                                    |  |                 |                |
|   |                                    |  |                 |                |
| E-mail Address  |                                    |  |                 |                |
|   |                                    |  |                 |                |
| Name of School, College or University   |                                    |  |                 |                |
|   |                                    |  |                 |                |
|   |                                    |  |                 |                |
| I have reviewed this form and I choose an optional exemption from n college or university where I attend. I understand I must become a m requirements. I have made this election within 30 days of my employ  | nember of OPE                      |  | -               | •              |
|   |                                    | Today's Date                               |                 |                |
|   |                                    | Month Day                                  | Year            |                |
| Student Signature   |                                    |  |                 |                |
| Do not type name  |                                    |  |                 |                |
| STEP 2: Employer Authorization (to be completed by emplo  | yer contact wit                    | th signature author                        | ity)            |                |
|   |                                    |  |                 |                |
| IEmployer contact with signature authority  |                                    | certify                                    | this employee   | e is a student |
| enrolled and attending this school. I understand if this request is appeand returned to this school. After the school receives the approved on deductions will be taken from the student's salary. Membership semployment does not meet the requirements of Ohio Revised Code | exemption, pro<br>hall be establis | vided the student r<br>shed if this exempt | neets all requi | red criteria,  |
| •   |                                    | Employee En                                | iployment Da    | ite            |
|   |                                    |  |                 |                |
|   |                                    | Today's Date                               |                 |                |
|   |                                    |  | ay Ye           | ar             |
| Employer Contact Signature  |                                    |  |                 |                |

DO NOT WRITE BELOW THIS LINE - FOR OPERS OFFICE USE ONLY

Date Rec'd Stamp

Do not type name

"APPROVED" Stamp