Date

Full Name

Current Mailing Address

Dear Name:

Upon the recommendation of the Department of \_\_\_\_\_\_\_\_\_\_\_\_, and on behalf of Dean Wendie Cohick, it is my pleasure to offer you a courtesy appointment as a Visiting Research Student or Student Intern without stipend. This appointment will be effective \_\_\_\_\_\_\_through \_\_\_\_\_\_\_\_. During your visit, the nature of your research will focus on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. As a condition of this appointment, any proprietary technology or intellectual property that may arise as a result of this collaboration will be subject to the terms of the Rutgers University Patent Policy, which is enclosed.

I should point out that this visiting appointment does not constitute an employer/employee relationship and can be terminated by you or by the University. It does not provide compensation and does not obligate you to provide services to the University, if you do so, they will be entirely voluntary. Since you will not be an employee of the University, you will not be eligible for certain employee entitlements such as workers’ compensation. Since all appointments must be approved by and serve at the sole discretion of the Office of the Dean, any changes in the terms of your appointment (including travel home, work stoppage or an early departure) must be immediately communicated by your department to the SEBS Office of Human Resources.

This appointment does offer the opportunity for mutually beneficial collaboration sited at Rutgers University facilities. We look forward to a productive relationship between you and the institution. While here you will be expected to abide by Department and University rules and regulations.

Please let me know at your earliest convenience if the terms of this appointment are acceptable to you. You may indicate your acceptance of this appointment by signing and returning a copy of this letter to me.

Sincerely yours,

Name

Department Chair

Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Date

Cc: Faculty Supervisor

 Department Admin