

The George Washington University Graduate Assistantship Acceptance Form

Department: _____

Awardee's Name: _____

Your signature indicates your acceptance of the Graduate Assistantship offered to you by The George Washington University. Your signature also indicates that you accept and understand the following points:

- I understand that I must comply with the requirements of my specific support package and that I received, reviewed and agree to the requirements that accompanied my award letter.
- I understand that I am subject to the provisions of and must comply with all applicable George Washington University policies, including The George Washington University's patent and copyright policies (<http://www.gwu.edu/~research/polandproc.htm>).
- I understand that I must complete the Employment Eligibility Verification Program form (Form I-9) with GW Human Resource Services (located on the first floor of Rice Hall, 2121 I St. NW).
- I understand that the services portion of the payments I receive will have tax withheld and will be reported to me at the end of the year by the University on Form W-2 and/or Form 1042-S.
- I understand that the University has no responsibility to withhold taxes from or report to the government the stipend portion of my fellowship if I am a U.S. citizen or resident alien. I understand that I may have to report my stipend as income on my tax return and that I am responsible for any taxes due. Please see IRS Publication 970 or the GW Tax Department's website (www.gwu.edu/~tax) to determine the taxable portion.
- If I am a nonresident alien, I understand that I must make an appointment with the University Tax Department to complete the required tax forms and identify if a tax treaty applies in order to determine the University's tax withholding and reporting requirements related to my fellowship. To set up an appointment with the tax department write to tax@gwu.edu or call 703-726-8313.
- I understand that the University's tax web site is available to me (<http://www.gwu.edu/~tax>), and that I must determine my tax liability related to these payments. I also understand that I may need to contact my own tax advisor or the IRS for information.

I **accept** this support package and its conditions.

I **do not accept** the support package as outlined.

Signature

Signature

GWid

GWid

Date

Date

Enclosure: Graduate Assistantship Requirements

Please return this form to the following office by **insert deadline for acceptance**:

{Name of Office}
{Office Address}