Select the date

Enter clinical audiology intern’s full name

Enter clinical audiology intern’s address line 1

Enter clinical audiology intern’s address line 2

Enter clinical audiology intern’s address city, state, zip

Dear Enter clinical audiology intern’s name:

We are pleased to appoint you as a Clinical Audiology Intern at Temple University. We anticipate your enjoying a positive experience with us.

**TERMS AND CONDITIONS OF THE CLINICAL AUDIOLOGY INTERN APPOINTMENT**

**Department of Appointment**

Enter department in the select appropriate school/college

**Faculty Mentor in the Department**

Enter mentor’s name

**Period of the Appointment**

Select start date – select end date

Any change in start date must be approved in writing by your faculty mentor and the Graduate School.

**Annual Stipend**

Enter total annual stipend to be paid in monthly installments.

**Type of Service Required**

By accepting this Clinical Audiology Intern appointment, you agree to participate in a full-time regimen of training and research; engage in scholarship or creative work; and conform to ethical standards in research and scholarship. The length of your appointment is stipulated above. All Clinical Audiology Intern appointments are for one month to one year. Please note that your stipend is contingent on sufficient funding and continued performance acceptable to Temple University and your faculty mentor. Your service is renewable for the term of the initial appointment upon written agreement, provided successful review of an evaluation. However, this appointment may not extend beyond three years at Temple University.

**Benefits Awarded**

This appointment does not carry any health or welfare benefits.

**Performance of Service**

In the performance of your functions as a Clinical Audiology Intern, you have an obligation to avoid ethical, legal, financial, and other conflicts of interest to ensure that your actions and outside activities do not conflict with your primary service responsibilities at the institution. Employees are also expected to understand and be in compliance with applicable laws, as well as University and employment policies and regulations, including NCAA regulations when interacting with student athletes.

**Policies and Procedures of Temple University**

This Clinical Audiology Intern appointment is subject to all policies and procedures of Temple University and its schools/colleges. Applicable policies may be examined in the Office of the Secretary or on Temple University’s policy website (<http://policies.temple.edu>). By signing and initialing each page of this appointment letter, you agree to be bound by all policies and procedures including, but not limited to, Temple University’s Invention and Patent Policy and Guidelines for Research and Other Sponsored Activities. In addition, you hereby assign to Temple University any and all intellectual property rights in any inventions created by you during the period of your employment and emerging from any university research or development activity, or from use of any university facilities or equipment. University policies are revised periodically, and you are responsible for adhering to the then-current version as maintained by the Office of the Secretary.

**Proof of Citizenship or Authorization to Provide Service in the United States**

Federal law requires that all persons provide evidence of eligibility to participate in this research activity within three days of the program start date. Temple University requires that this eligibility documentation be provided **in person** at Temple University **before** engaging in research at the University. Accordingly, you will need to provide the necessary documents. If you are a citizen, lawful permanent resident, or non-resident alien, you must complete the I-9. Enclosed is a list of original documents you must provide to complete the I-9 form and verify eligibility. Other required documentation may include copies of relevant immigration documents, your passport, the visa issued to you to participate in this activity, and your Form I-94/Departure Record verifying the status granted to you upon entry to the United States. If you are a non-resident alien and have any questions concerning the documents you must provide, please contact the Office of International Student and Scholar Services at 215-204-7708 or by email at isss@temple.edu.

If you are on a non-immigrant visa and begin participating in this research activity prior to your official start date, you may be considered to have violated your visa status. If applicable, all visa issues must be completed prior to your arrival at Temple University.

**INSTRUCTIONS FOR ACCEPTING THE CLINICAL AUDIOLOGY INTERN APPOINTMENT**

**Deadline to Accept the Clinical Audiology Intern Appointment and Return Required Documents**

If you find this offer satisfactory, please indicate your acceptance by signing, dating, and returning this original letter and one of the enclosed copies; an additional copy is included for your personal files. This offer must be accepted within 20 days of the date of this letter, or the offer is null and void.

**Appointment Acceptance Deadline**

Select acceptance deadline date – which is 20 days from the date of this letter

If you anticipate any difficulty in returning your acceptance within the time required, please contact Nina Marie Campellone, Project Manager of the Postdoctoral Fellows Office, by telephone, email, or fax prior to select acceptance deadline date.

Best wishes for success as a Clinical Audiology Intern at Temple University.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zebulon V. Kendrick, Ph.D. Enter mentor’s name

Vice Provost, Graduate School Select mentor’s school/college

**ACCEPTANCE**

**I accept the terms and conditions of appointment as contained in this offer, including, but not limited to, the requirement of assigning certain patent and other rights to Temple University.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Clinical Audiology Intern’s Signature Date

**RETURN ALL PAGES OF THIS DOCUMENT (the Original and one Copy) SIGNED AND INITIALED TO:**

Nina Marie Campellone

Project Manager, Postdoctoral Fellows Office

Temple University Graduate School

1803 North Broad Street, 501 Carnell Hall

Philadelphia, PA 19122-6095

campello@temple.edu

Voice: 215-204-6587

Fax: 215-204-8781

CC: Kathleen Nogami, Director of Human Resources Payroll Management

Enter mentor’s name, Faculty Mentor

Enter dean’s name, Dean of Select appropriate school/college

Enter business manager’s name, Business Manager of Select appropriate school/college

Enter chair’s name, Department Chair

Enter business manager’s name, Department Business Manager

Enclosures: Enter any enclosures