[DATE]

[NAME OF SUPERVISOR]

[POSITION TITLE]

[NAME OF ORGANIZATION/COMPANY]

[MAILING ADDRESS]

CITY, STATE ZIP

To the Graduate Student CAF Selection Committee:

I am writing this letter to verify that [STUDENT FIRST AND LAST NAME] has accepted [POSITION TITLE e.g., internship, research assistant, archive volunteer, etc.] role at [ORGANIZATION NAME]. The start date for the position [STUDENT FIRST NAME] has is [MM/DD/YY], and the end date is [MM/DD/YY]. The location of the job site where [STUDENT FIRST NAME] will work is [CITY, STATE].

The position [INDICATE IF IT “does” or “does not”] pay an hourly wage. [IF WAGE IS PROVIDED, PLEASE PROVIDE SPECIFIC WAGE AMOUNT]. [IF PERKS ARE PROVIDED IN LIEU OF OR IN ADDITION TO A WAGE, PLEASE LIST THOSE – EXAMPLES INCLUDE PARKING PASS, PUBLIC TRANSPORTATION PASS, STIPEND UPON COMPLETION OF EXPERIENCE, ETC.]

[STUDENT FIRST NAME] will work an average of [XX]/hours a week while in the position. I will oversee [HER/HIS/THEIR] work. My business phone number is [XXX-XXX-XXXX]. [IF YOU ARE NOT THE SUPERVISOR, PLEASE PROVIDE THE NAME, PHONE NUMBER, AND EMAIL ADDRESS OF THAT INDIVIDUAL.]

Sincerely,

[YOUR NAME]

[YOUR EMAIL] (PLEASE INCLUDE YOUR EMAIL EVEN IF YOU ARE NOT THE STUDENT’S SUPERVISOR]