DATE

VISITING SCHOLAR FELLOW NAME AND DEGREE

ADDRESS LINE 1

ADDRESS LINE 2

CITY, STATE ZIP CODE

Dear Dr./Mr./Ms. [LASTNAME]:

I am pleased to offer the position of Visiting [POSITION TITLE HERE], in the Department/Institute/Program/Center of \_\_\_\_\_, Division of \_\_\_\_(if applicable), at the University of Maryland School of Medicine contingent upon final Dean approval indicated by signed confirmation below. Your faculty mentor will be Dr. [FACULTY MENTOR NAME HERE], [FACULTY RANK AND/ OR TITLE HERE].

Your background in [Insert relevant research and /or work background here] are sure to greatly enrich the research efforts in the laboratory of Dr. [FACULTY MENTOR NAME HERE].

[Insert paragraph explaining expected roles and responsibilities of this fellowship]

Should you accept this offer, your start date will be on or around [EFFECTIVE DATE HERE] and the initial term of appointment is expected to be for one year. Your appointment will end when support from your home institution ends, when you resign or after notice of termination per the UMSOM Scholar Fellow Policy, whichever is sooner. This is a [full-time/ part-time] position with an annual compensation rate of [$$$$] {if part-time, include the following} for [XX]% effort paid by your home institution. Your leave package consists of: [PRORATE DAYS AS NECESSARY BASED ON APPOINTMENT PERIOD AND/OR PERCENT EFFORT; MAY WISH TO USE HOURS INSTEAD OF DAYS FOR PART-TIME FELLOWS ] 10 days annual leave, up to 15 days of sick leave, 3 personal days and holiday leave in accordance with those observed by the University.

As a condition of employment, all fellows in the School of Medicine are expected to meet the credentialing and/or occupational health standards required by their job duties.

The University of Maryland School of Medicine values the contributions of our scholar fellow researchers and we are deeply invested in your successful progress as an academic researcher. In addition to the mentoring you receive in the laboratory, you will enjoy the benefits of a robust set of Career Development offerings including workshops, informational seminars, panel discussions and individual career counseling.

In addition to the assistance available to you via your mentor’s departmental office, the School of Medicine’s [Office of Postdoctoral Scholars](http://medschool.umaryland.edu/postdoc/) (<http://medschool.umaryland.edu/postdoc/>) is always available to assist you throughout the course of training period and is dedicated to helping you meet your individual career goals.

The University of Maryland School of Medicine [Scholar Policy](https://www.medschool.umaryland.edu/media/som/offices-of-the-dean/academic-administration/docs/fellows/ScholarFellowPolicy1124.pdf) establishes guidelines for your appointment.

[For International Scholar Fellows, include the following statement] Please be aware that this offer is contingent on your obtaining appropriate lawful status and authorization to work in the United States for the period of appointment. Expiration of such status is grounds for termination of the appointment.

Please be aware that we insist upon highly professional and respectful interactions with all, regardless of position or status, in the workplace. We expect our fellows to display the highest levels of professionalism. Fellows must adhere strictly to all University policies regarding professionalism, harassment, and disruptive behavior. Others should be treated in a dignified manner, compassionately and respectfully. Unprofessional interactions and disruptive behavior will result in swift and appropriate counseling and disciplinary action, up to and including termination.

If the terms and conditions of this letter are acceptable, please sign and date below and return this to [insert unit contact, fax and email] by [insert date].

Please don’t hesitate to contact me with any questions that you might have and I look forward to having you join our community of researchers.

Sincerely,

[Department Chair or Institute/Program/Center Director]

Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        Date:\_\_\_\_\_\_\_\_\_\_\_  
                   [Include candidate's full name and degree below the signature line]

[NOTE: Send to Office of Academic Administration (14-008 BRB) with all required documentation per the UMSOM OAA website]

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        Date:\_\_\_\_\_\_\_\_\_\_\_

University of Maryland School of Medicine Dean or Designee Approval:

cc:   Administrator  
     [Add others as necessary]

 Enclosures (if applicable)