

**SUPPLEMENT TO INDIVIDUAL CONTRACT FOR STUDENT ACADEMIC APPOINTEE**

I \_\_\_\_\_ (name) \_\_\_\_\_ (provide university ID), (hereafter "Appointee") acknowledge the following change(s) to my previously signed Individual Contract for Student Academic Appointee (hereafter "Agreement") as documented below in this Supplement to Individual Contract for Student Academic Appointee (hereafter "Supplement"). I understand that the Agreement continues in full effect, *except as to* any item(s) checked and completed below in this Supplement. I understand that any un-checked/unspecified item below does not alter my existing Agreement, is not part of this Supplement, and therefore does not apply to me.

- 1. Change in stipend amount to a total of \$ \_\_\_\_\_ (amends Par. III). [Check only if applicable and include the full dollar amount.]
- 2. Change in FTE percentage to \_\_\_\_ %. (amends Par. III). [Check only if applicable and complete the blank for the percentage.]
- 3. Change in scope of remission (in addition to tuition, mandatory fees, program fees, and course-related fees will be included as part of the remission; remission does not include G901, international fees, administrative or "opt-in"/miscellaneous fees, such as auditorium season passes, trip fees associated with courses, or sporting events passes or tickets (amends Par. V) .

**Important:**

I have read and understand this Supplement. I acknowledge that only the item(s) checked and completed above amend the Agreement that I have previously signed and that all other terms in the previously signed Agreement remain the same.

\_\_\_\_\_  
Signature of Appointee