

Fellowship Termination Notification			Award No.	
<i>For final termination of participants from the NIH Visiting Program, use Form NIH 829-5.</i>				
This form must be initiated and signed by the participant's sponsor and <i>must be received</i> by the ICD administrative office 60 days prior to termination.			Date	
Participant's Name (<i>Last, first, middle</i>)	ICD	Lab/Branch (<i>spell out name</i>)	Building/Room	Phone
Last day in pay status	Original end date of award		CAN (<i>only if terminating early</i>)	
There is no provision for terminal leave for fellowship participants. The last day at NIH is the last day in pay status. Any overpayment of stipend due to early termination must be refunded to NIH.				

Forwarding Address (*and phone number, if known*)

Sponsor's Name	ICD, Lab/Branch	Building/Room	Phone
Sponsor's Signature and Date		<i>For FAES and DFM use only:</i> FAES Clearance (<i>Building 10, Room B1C18</i>)	
Administrative Officer's Name		DFM/FAAB Clearance (<i>Building 31, Room B1B06</i>)	
Administrative Officer's Signature and Date			

Comments