

Request for Intramural Research Training Award (IRTA)

IC List No.

Fellowship Award No.

Attach 2 copies of the application documentation as required by applicable component.

Type of Award <input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> Postdoctoral <input type="checkbox"/> Predoctoral <input type="checkbox"/> Postbaccalaureate <input type="checkbox"/> Technical <input type="checkbox"/> Student	Common Accounting No. (CAN)	Institute Proposed NIH Location (<i>building and room</i>) and Phone No.
---	---	-----------------------------	---

<i>Candidate</i>	Name (<i>Last, first, middle</i>)	Date of Birth	Citizenship								
	Show the following information about each degree earned. (<i>For non-postdoctoral trainees, indicate current school enrollment, without degree and date.</i>) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Degree</td> <td style="width: 20%;">School</td> <td style="width: 25%;">Discipline/Field</td> <td style="width: 40%;">Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Degree	School	Discipline/Field	Date					Present position or status
	Degree	School	Discipline/Field	Date							
Mailing Address		Stipend									
		Proposed Starting Date	Proposed Ending Date								

<i>Individual Training Plans</i>	Describe in detail research experience to be obtained. (<i>Continue on plain paper, if necessary.</i>)
----------------------------------	--

<i>Request Initiated By</i>	Name	Title and Organization		
	Signature	Date	Building and Room	Phone No.

<i>Approval Signatures</i>	Laboratory Chief	Date	Designated IC Program Administrative Official	Date
	Scientific Director	Date	Associate Director for Intramural Affairs, NIH <i>(for exceptions only)</i>	Date
	IC Obligating Official (<i>Signature and title</i>)			Date