

FELLOWSHIP ASSURANCE FORM

National Institutes of Health Ruth L. Kirschstein NRSA Assurance Statement for an Individual Fellowship
University of California, San Diego

Agency Due Date (mm/dd/yy): _____

Name of Fellow (Applicant): _____

Name of Sponsor (Mentor): _____

Name of Co-Sponsor (Co-Mentor, if applicable): _____

Proposal Title:	
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Individual Fellowship Assurance Statement:

We the undersigned certify (1) that the information submitted within this application is true, complete and accurate to the best of the Fellow's and Sponsor's knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the Fellow and Sponsor(s) to criminal, civil, or administrative penalties; (3) that the Sponsor(s) will provide appropriate training, adequate facilities, and supervision if a fellowship is awarded as a result of the application; (4) that the Fellow has read the Ruth L. Kirschstein National Research Service Award Payback Assurance and will abide by the Assurance if an award is made, and that the award will not support residency training; and (5) that the applicant is not delinquent in repaying any federal debt.

Fellow Signature (Applicant) _____
Date

Sponsor Signature (Mentor) _____
Date

Co-Sponsor Signature (Co-Mentor, if applicable) _____
Date