

GRANT ACTIVATION REQUEST

Fellows name:

Date advanced to candidacy (mm/dd/yyyy):

Insurance coverage start date:

Insurance coverage end date:

Research Countries:	Duration of Stay in Months	Research Visa Status: Issued or N/A	Visa Issued Date	Research Permission Status: Received or N/A	Research Permission Issued Date	Embassy Notification Date

Comments (limit 1000 characters and spaces):

Host Country Affiliations (Enter N/A if necessary)

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Research Involving Human Subjects – IRB Approval

Required

Exemption number	Approval Date

OR

Assurance of compliance number	Expedited review date

Not Required

