

Department of Health and Human Services Public Health Service Ruth L. Kirschstein National Research Service Award Termination Notice				1. NAME OF FELLOW OR APPOINTEE (Last, First, Middle) Bower, Brian, D					
				2. GRANT NO. 5T32AG000114-30					
3. NAME OF SPONSORING INSTITUTION REGENTS OF THE UNIVERSITY OF MICHIGAN - ANN ARBOR				4. SOCIAL SECURITY NO. XXX-XX-XXXX		5. DEGREE(S) EARNED/COMPLETION DATE(S) BS(06/2008), PHD(10/2014)			
6. DATES OF SUPPORT UNDER THIS AWARD (Month, day, year): FROM: 12/01/2014 TO: 11/30/2015									
7. TOTAL KIRSCHSTEIN-NRSA STIPEND RECEIVED AND NUMBER OF MONTHS SUPPORTED UNDER THIS AWARD (See specific instructions for Amount of Stipend)									
YEAR OF SUPPORT	AMOUNT OF STIPEND	ARRA	NUMBER OF MONTHS Days		YEAR OF SUPPORT	AMOUNT OF STIPEND	ARRA	NUMBER OF MONTHS Days	
YEAR 30	42,000.00		12	0	TOTALS	42,000.00			
8. Provide a summary of training received and research undertaken during fellowship or trainee tenure. List publications, if any, resulting from the research during this period. List grants and career awards pending and received. If fellowship or training appointment is being terminated early, state reason.									
9a. POST-AWARD INFORMATION: Please mark a single box in each of the categories below					9b. POST-AWARD POSITION TITLE, FIELD, NAME OF ORGANIZATION, CITY, AND STATE				
Activity		Organization		Type of Position		10a. MAILING ADDRESS AFTER TERMINATION OF THIS KIRSCHSTEIN-NRSA SUPPORT (Street, city, state, zip code)			
<input type="checkbox"/> Further Education/ Training <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Administration <input type="checkbox"/> Clinical Practice <input type="checkbox"/> Unknown <input type="checkbox"/> Other		<input type="checkbox"/> Academic <input type="checkbox"/> Industry <input type="checkbox"/> Government <input type="checkbox"/> Hospital <input type="checkbox"/> Non-profit <input type="checkbox"/> Unknown <input type="checkbox"/> Other		<input type="checkbox"/> Student <input type="checkbox"/> Resident/Clinical Fellow <input type="checkbox"/> Postdoctoral Researchers <input type="checkbox"/> Research Scientist (non faculty) <input type="checkbox"/> Faculty: Tenure-Track <input type="checkbox"/> Faculty: Other <input type="checkbox"/> Clinical Staff/ Private Practice <input type="checkbox"/> Unknown <input type="checkbox"/> Other		10b. TEL NO.			
9c. TEL NO.					E-MAIL:				
11. OTHER PHS SERVICE OBLIGATION SUPPORT <input checked="" type="checkbox"/> NHSC Scholarship: No. of months: <input checked="" type="checkbox"/> Kirschstein-NRSA: No. of months: Period of Support Grant No 08/01/2010 - 07/31/2011 2T32GM007092-36 <input type="checkbox"/> LRP					12. SIGNATURE OF FELLOW OR TRAINEE (See specific instructions)			DATE	
13. Certification of Sponsor or Program Director: that to the best of my knowledge all the above information is correct.									

SIGNATURE OF SPONSOR OR PROGRAM DIRECTOR	DATE	TYPED NAME OF SPONSOR OR PROGRAM DIRECTOR	
14. Business Official's Verification of Items 6 and 7. (Not applicable to individual fellows at Federal or foreign institutions.)			
SIGNATURE	DATE	TYPED NAME OF BUSINESS OFFICIAL	TEL: FAX:
15. (For Government use only) The information provided in Items 6 and 7 is in agreement with PHS records.			
SIGNATURE	DATE	TYPED NAME AND AWARDDING OFFICE	

PHS 416-7