

Applicants are encouraged to discuss planned sabbatical with the VDDRC Director or Associate Director prior to completion of this form

Name: _____

Title: _____

(Applicant CV must be attached)

Department: _____

Site for enrichment training: _____

PI of site laboratory: _____

Dates for enrichment training (including travel time): _____

Total funds requested: _____ Budget: _____ Travel

_____ Accommodations

_____ Meals

_____ Lab Supplies

Purpose of enrichment training: _____

Technique or model to be developed:

(Please note if human subjects or animal care are involved a copy of the approved IRB or IACUC from the site for sabbatical must be attached)

Programmatic fit with VDDRC Research Base:

How will proposed enrichment training advance the applicant's digestive diseases related research program?

Applicant Signature: _____ Date: _____

(Applicant agrees to provide written and electronic 1 page summary of benefits within 1 month of completing the sabbatical and to return any unused funds to the VDDRC)

Department Chair or Supervisor Signature: _____ Date: _____

Return completed form to Nikki Hirsch at nikki.hirsch@vanderbilt.edu

Administrative Checklist

Y	N		Y	N
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Travel Authorization

Animal Care/Human Subjects Involved

Signatures
Attached

IRB/IACUC Host Institution

Reverse Sabbatical

VDDRC Research Base : _____