Office of Research and Development

REQUEST FOR EXTENSION WITHOUT ADDITIONAL FUNDS (For use when agency approval is not required)

Principal Investigator:	
Admin. Contact (Name and Tel#):	
Department:	School:
Sponsor:	Award #:
FAS Account #:	
Current Award End Date:	Revised Award End Date:
	proval to extend the final budget period of a year, if one of the following conditions apply
· · · · · · · · · · · · · · · · · · ·	established expiration date is required f the original approved project scope of
() 2. Continuity of grant sup application is under re	port is required while a competing view; or
	ssary to permit an orderly phase-out of a ceive continued support.
	at apply to your project, obtain the required Office of Research and Development at least rant.
	n subjects or animals, you must also attach proval date that covers this extended period.
	licable) documentation of IRB/IACUC approval nsor of the approved extension, with a copy to
Required Signatures:	
Principal Investigator	Department Chair
Authorized Official (Date) Office of Research and Development)