

No-Cost Extension Request

Award Information

Award Reference Number:

Today's Date:

Extension Period:

6 month

9 month

12 month

Current Project End Date:

Requested Project End Date:

Project Title:

PI Name:

PI Phone:

PI E-mail:

Fiscal Administrator Name:

Fiscal Administrator Phone:

Fiscal Administrator E-mail:

Attach This Form with an Expenditure Report Detailing Remaining Funds and Direct Costs

Please Provide a Detailed Explanation/Justification for a No-Cost Extension:

Compliance Information/Certifications:

If need be, please attach any certification for all protocols applicable to the scope of the work that may expire during the original end date

Human subjects?

- Yes
- No

Docket/Protocol #:

Most recent approval date:

Animal subjects?

- Yes
- No

Docket/Protocol #:

Most recent approval date:

Additional Comments:

PI Signature:

Date:

Department Administrator Signature:

Date:
