

GRANT PERIOD EXTENSION WITHOUT ADDITIONAL FUNDS

Sponsor Name	ame:	
Original Grant	ant Number:	
Number of M	Months Extension:	
New Budget F	et Period Dates:through	
PI Effort durin	uring No Cost Period:% Salary should be commensurate with e	ffort.
NIH GRANTS	тѕ	
Extension Rea	Reason (check one or more):	
	Additional time beyond the established expiration date is required to assure completion of the original approved project scope or objectives.	
	Other – Please explain.	
	Applicable protocols (i.e. IRB, IACUC, Biohazards) have been extended for period.	r the duration of this
FEDERAL, STA	STATE, NON-PROFIT (INCLUDING INSTITUTIONAL) GRANTS	
Approval/Just	ustification (check one):	
	Please see attached documentation from the Sponsor approving this exter	nsion.
	Following is the rationale for the extension request:	
Principal Inve	nvestigator:	
Signature:	Date:	
Department C	nt Chair Signature: Date:	
Approved Inst	Institutional Official: Date: Date:	

Completed form should be returned to The Office of Research Affairs (Room C1614, MC H138) at least one month prior to original period ending date of grant. Please contact ORA, x8495, with any questions.