



Sponsor Name: _____

Dwf i gvlHwpf Numbgt< _____

Protocol Number: _____

Current End Date: _____ Desired End Date: _____

Extension Reason (Check applicable):

- Continuation of study with no amendment necessary. Department Chair signature not required. Attach a copy of the period of performance section of the contract.
- Continuation of study. Amendment pending. Requires Department Chair signature. Any expenditures incurred after the end date of the study are at the Department's risk. [Note: Cannot continue spending past 45 days (hold/close date) until amendment is received]

Extension Request Prepared by: _____ Phone: _____

Principal investigator: _____

Signature: _____ Date: _____

Department Chair/Institute Director: _____

Signature: _____ Date: _____

ORA USE ONLY

Approved: _____ Date: _____
Institutional Official: _____