TUSKEGEE UNIVERSITY

Office of Sponsored Programs

NO-COST EXTENSION REQUEST FORM

REQUESTS FOR NO-COST EXTENSIONS SHOULD BE SUBMITTED 60 DAYS PRIOR TO AWARD'S EXPIRATION DATE. DEADLINES FOR SUBMITTING THESE REQUESTS WILL VARY ACCORDING TO SPONSOR/AGENCY REQUIREMENTS.

Principal Investigator		Department	
Sponsor/Agency		Award Number	
Title of Project			
GL Account Number		Unobligated Balance	
Current End Date		New End Date	

No Cost Extension Request First ☐ Second ☐ Third ☐

Should the subcontract(s) on this award be extended? Yes ☐ No ☐

Indicate subcontract(s) to be extended

Justification [*If applicable, please attach compliance documents (IRB/IACUC, etc.)]*

REQUIRED SIGNATURE

Principal Investigator _____ Date _____

Office of Sponsored Programs use ONLY

Date NCE Received _____ Agency Approval Required? Yes ☐ No ☐

NCE Granted Yes ☐ No ☐ Agency Approved *(See Attached)* Yes ☐ No ☐

New End Date _____ Date _____

Grants Specialist _____ Date _____ Director _____ Date _____

Comments