

**THE UNIVERSITY OF MICHIGAN-FLINT
OFFICE OF RESEARCH**

**INTERNAL PROJECT/GRANT
NO COST EXTENSION OF TIME REQUEST**

The purpose of this form is to request a no cost extension of time for an existing internal grant proposed by the Principal Investigator. Requests for extensions are appropriate if additional time beyond the established expiration date is required to assure adequate completion of the **original scope of work** within the funds already made available. All requests should include a brief statement of the need; an estimate of total internal funds that will remain unspent as of the current expiration date; an indication of how the balance will be used during the extension period; the number of additional months required, limited to 12 months. All requests must be received by the Office of Research at least ten days prior to the originally established expiration date. **The fact that funds will remain at the expiration date is not in itself justification for an extension.**

Principal Investigator: _____ **Dept ID:** _____

Type of Grant: _____ **Project/Grant #** _____

Describe the proposed change in ending date and provide justification. Projects will not be extended past the IRB approval date, if applicable.

Signatures:

Principal Investigator **Date** **Department Chair** **Date**

Director, Office of Research **Date**