



Undergraduate **R**esearch **O**pportunities **P**rogram
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FACULTY PROJECT EXTENSION FORM

Please read this first!

This form is to request an extension of UROP project funding for your student assistant(s). Submitting this form is only appropriate if your research project is ongoing* and your assistants have exhausted their funds from the *previous* semester. By submitting this form, you acknowledge that your student assistant(s) will be awarded additional funds (\$500 in the Fall and Winter semesters; \$250 in the Spring and Summer semesters); to be used by the end of the current semester. **Project extensions will not be awarded to any student currently involved in another project supported by UROP funds.**

**If you are seeking student funding support for a different project, a new application must be submitted.*

***If your project is adding new students, a UROP Contract must be provided for each student included.*

Faculty Sponsor: _____

UROP Project #: _____

Student Assistant: _____

Academic Semester and Year of Renewal (i.e. Fall, 2008) _____

Signature:

Faculty Sponsor

Date