



SOUTHERN ILLINOIS UNIVERSITY

# OFFICE OF SPONSORED PROJECTS ADMINISTRATION

## No-Cost Extension Request

To request a no-cost extension please complete all required fields and forward to the Office of Sponsored Projects Administration (OSPA). **Extension request must be submitted to OSPA ten days prior to the sponsor's deadline.**

<b>Principal Investigator Name:</b>	
<b>Department:</b>	
<b>Telephone #:</b>	<b>Email:</b>
<b>Sponsor Name</b>	<b>BP #:</b>
<b>Project Title:</b>	
<b>Current End Date:</b>	
<b>Revised End Date:</b>	12 months      Other ___/___/_____

PI/PD Signature: \_\_\_\_\_

**Programmatic reason for extension** (The fact that funds remain at the expiration of the project is not, in itself, sufficient justification for an extension) If you need more room please attach a separate sheet of paper.

**Amount of and spending plan for unobligated balance(if required by agency):**

### Research Compliances

Does this project involve Human Subjects?       YES     NO      Approval #: \_\_\_\_\_

Does this project involve Vertebrate Animals?       YES     NO      Approval #: \_\_\_\_\_

Is this a federally funded research project?       YES     NO

If yes, date of FCOI form on file (**OSPA Use Only**)      \_\_\_\_\_