



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.**

Principal Investigator Name:	
Department:	
Telephone #:	Email:
Sponsor Name	BP #:
Project Title:	
Current End Date:	
Revised End Date:	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**) _____