BETHUNE-COOKMAN UNIVERSITY

Request for No-Cost Performance Period Extension

Instructions: Please complete the form to include all relevant supporting information for the request for a no-cost extension. The approval of the Program Officer from the granting agency must accompany this form. This approval can be in the form of an email or a letter on the granting agency letter head.

Date of Request________________________

Current Project Period End Date________________________

Proposed Extension Date________________________

Project Name_______________________________________________

Grantor____________________________________________________

Project Number________ (Fourth & Fifth Segment only)

PI/PD Name________________________________________________

Co-PI/PD____________________________________________________

Department_________________________________________________

Reason for request for extension (please attach supporting documentation or additional pages of explanation.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

PI/PD Signature ___________________________ Date ___________________________

Dean or Sector VP (approval)_________________________ Date________________________

Director of OSP or Grants Manager_________________________ Date________________________

Program Officer_________________________ Date________________________