

**QUALITY OF LIFE (QOL) FACULTY COMMUNITY BASED APPLIED RESEARCH GRANT
REQUEST FOR NO-COST EXTENSION**

Date: _____

Principal Investigator: _____

Subject: Request for No-Cost Extension for Quality of Life Faculty Community Based Applied Research Grant (QOL)

NSU Index Number:

Amount Remaining:

New Requested End Date:

Is this your first NCE request?

Yes **No**

Please note, further justification is needed after the first NCE request.

Reason for the Extension

1. What occurred that was beyond your control to result in this delay?

2. Do you plan on finishing this project next year? What are your plans for next year?

Signatures

Principal Investigator:

Date:

Dean/Center Director:

Date:

QOL Chair:

Date:

Instructions: This request should be submitted at least 60 days before the current project end date.