

Division of Research and Economic Development (DoR) Office of Sponsored Programs

3300 S. University Drive Fort Lauderdale, Florida 33328

QUALITY OF LIFE GRANT (QOL) REQUEST FOR NO-COST EXTENSION

Date:		
Principal I	Investigator:	
Subject:	Request for No-Cost Extension for Quality of Life Grant (QOL)	
	NSU Index Number:	Is this your first NCE request?
	Amount Remaining:	Yes No
	New Requested End Date:	Please note, further justification is needed after the first NCE request.
	Reason for	the Extension
1. What o	ccurred that was beyond your control to res	ult in this delay?
2. Do you	plan on finishing this project next year? Wh	nat are your plans for next year?
	Signa	atures
Principal Investigator:		Date:
Dean/Ce	enter Director:	Date:
VP for DoR:		Date:

OSP Last revised 2023/10