

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

Date: _____

Principal 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 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: _____

VP for DoR: _____

Date: _____