

APPALACHIAN STATE UNIVERSITY
GRADUATE SCHOOL & RESEARCH & SPONSORED PROGRAMS
UNIVERSITY RESEARCH COUNCIL

Request for Award Extension¹

Award Effective Through: Semester: _____ Year: 20____

Brief summary of research project to include research activities completed to date.

Estimate percent of project completed: _____ %

Reason for request of award extension:

Printed Name

Signature

Date

Response from the Graduate School & Research and Sponsored Programs:

_____ Extension approved and granted through: _____

_____ Extension denied

Signature, Chair of URC

Date

¹ Until criteria for this University Research Council award are met, awardee is not eligible to apply for additional research awards. Extension will only be granted for one month.