

VP-RED NO-COST EXTENSION REQUEST –STARTUP/SUPPORT

Name: _____ Department: _____

Index Title: _____ RED Index #: _____

Total Awarded (all years): _____ Current Balance: _____

Requested End Date (Month/Year): _____ Request Instance: 1st 2nd 3rd

Justification:

(Indicate why funds have not been expended and provide details of how the funds will be spent, including a timeline as appropriate.)

Attachments Required:

- Letter of Hire and MOU
- Financial Commitment Summary

Faculty Member _____ Date _____

Dean _____ Date _____

RED Determination:

Request Approved as Listed Above: Request Denied:

Request Approved with Conditions:

Additional Comments:

VP-RED Budget Director

Date

Associate VP for Research Development

Date