TSR&TP NO COST EXTENSION REQUEST

Please fill out the form and sign below (digital signature is fine).
Submit to Lisa Stevenson by email lhstevenson@ucdavis.edu or fax (530) 752-5593.

Applicant Name:

Project Title:

Original Project End Date: _____

Requested End Date: _____

Carryforward Amount: $_____

Justification:

I, the undersigned, agree to provide an annual report and present a poster at the TSR&TP Symposium for each academic year my project is extended.

_____ _____
Applicant Signature *Date*

_____ _____
Mentor Signature (Fellowships only) *Date*

Approved (TSR&TP use only):

_____ _____ _____
Signature *Date* *Title*