REV JUL '12

UNIVERSITY OF HAWAII
Office of Research Services

NSSC NCE Prior Approval Form

Principal Investigator _____ E-mail _____

Award Number _____ Current Budget Period _____

Type of Extension:
- ☐ I) 1st No-Cost Extension
- ☐ II) 2nd No-Cost Extension
- ☐ III) 3rd No-Cost Extension

Indicate extension period From: _____ To: _____

Reason for Extension:
- ☐ To Assure adequate completion of the original scope of work within the funds already made available. [Per 1260.23 Grant & Cooperative Agreement Handbook]
- ☐ Other, If "Other", please explain: Please limit reason to 1000 characters.

Justification:

Certifications, Signatures and Approvals:
1. I certify that the information on this form is correct and complete.
2. I certify that an electronic copy of the no-cost extension justification and any relevant attachments have been forwarded to the authorized organizational representative.

Principal Investigator Signature _____ Date _____ Fiscal Administrator Signature _____ Date _____