

## Request for NCTE (No Cost Time Extension)

### Contact Information

Principal Investigator Name  Phone #

Department  Email

Study Title

Sponsor Name

Sponsor Contact (if known)

Sponsor Contact Phone  Sponsor Contact Email

### NCTE Details

Has Sponsor consented to extension?  Yes  No

*(Please attach email approval or sponsor amendment template)*

Do you have current OHRPP (Office of  
Human Research Protection) or ARC

(Animal Research  
Committee) Approval?

*(please attach evidence of approval)*

Are there any changes to the budget?  Yes  No

Original Institutional Number:  
(e.g. agreement number,  
fund number)

Original Expiration Date  Proposed Extension Date

Purpose of Extension

Additional comments