

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