



REQUEST FOR CARRYOVER OF FUNDS

(Return completed form to the Vice-President (Research) – 4CM02)

Revised: December 2010

Date: _____

Phone ext.: _____

Applicant's Signature: _____

APPLICANT INFORMATION

Surname:	Given Name:
Rank:	Dept:

FUNDING PROGRAM

_____ Discretionary Grant

_____ Major Research Grant

_____ Collaborative Research SEED Grant

_____ Travel Grant / DFTA

_____ Interdisciplinary Workshop

_____ Other (specify) _____

Project Title:	
Account #:	
Amount Granted:	
Amount Remaining:	

EXTENSION REQUEST DETAILS

- 1) Please provide the length of extension requested: _____
(Maximum of one year)

2) *Please provide a brief progress report*

3) *Please outline the particulars of the extension, and provide a timeline*