

**University of Wisconsin-Madison
Provisional Request for Time Extension**

UW Account Number

Agency/Sponsor

Prime source of funding, if pass through:

Project Title

Principal Investigator(s)

Project UDDS

Unit Division Department Activity Code(s)

Name of Department

Time Extension Request

Current End Date(mm/dd/yyyy)

Anticipated Number of Months of Extension (max. of 12):

Anticipated New End Date (mm/dd/yyyy):

11. Justification

Brief statement (or attached documentation) explaining need for additional time.

UW Contact Person

Name:

Phone Number:

E-Mail:

As indicated above, a request for a time extension is anticipated for the indicated account. I request that a provisional change to the University's accounting records be made in advance of this request and its approval by the Sponsoring Agency. **I hereby certify that a formal request for a time extension will be made in accordance with the Sponsoring Agency's and the University's policies and procedures within 30 days.** I also certify that in the event such request is not made to or is not approved by the Sponsoring Agency, that all expenses incurred during the provisional period will be removed from this account immediately.

Required Signatures:

Principal Investigator(s):

Chair(s):

Dean(s)/Director(s):

Completed Form should be sent to RSP Post-Award, 21 North Park Street, Suite 6401

UW Form 04-01

RSP USE ONLY

Approved By:

Exp. End Updated:

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