

IWK Programs Extension Request

ROMEO #: _____

Project Title: _____

Principal Applicant: _____

Supervisor (if applicable): _____

Program Type: _____

Current End Date: _____ New End Date requested: _____

Have you received previous extensions for this study? Yes No

If yes, please list the end dates for all previous extensions:

Original End Date	Date of each approved extension

Justification (please provide the reason(s) for this extension request. If the project is experiencing delays or challenges, please state how these will be addressed)

Submit form to Saqueeb.Noor@iwk.nshealth.ca. **NOTE:** This request form is for IWK Programs and Awards only. For external awards contact the applicable funder.

Principal Investigator Signature

Department Head Signature

For RIA use only

Approved

Not Approved

Comments (if any):

RIA signing authority: _____