



MICHIGAN STATE UNIVERSITY

Sponsored Programs Administration

Office of Sponsored Programs | Contract and Grant Administration

MSU AWARD NO COST EXTENSION REQUEST

(Use a separate form for each award)

Email: awards@cga.msu.edu

Account Number
Award Number

New End Date
Remaining Balance

*For awards with Henry Ford Health costs, Fund Accounting must verify the remaining balance of the HFH component. Checking this box confirms verification.

Please provide a technical justification for the No Cost Extension request :

Is the Level of Effort changing?

Yes

No

Is the Scope of Work Changing?

Yes

No

If Yes indicate the new level of effort or N/A:

If Yes provide explanation as to how or N/A:

Description of work to be done during the extension period:

If this request is being submitted after the end date please provide an explanation as to why the request is being submitted late.

PI Signature

Date