**RESEARCH GRANT EXTENSION REQUEST**

*Please complete all sections of this Research Grant Extension Request application, save the form and submit it to* [*research@asmirt.org*](mailto:research@asmirt.org) *prior to, and not after the progress report submission due date. The submission of an application does not mean that the application has been approved. Supporting documentation (ie. Doctor’s certificate) may be supplied to support your request. The application will be assessed by the research committee, and you will be notified of the outcome of the application.*

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| --- | --- | --- |
| Title Dr Mr Ms Mrs Miss |  | |
| Family Name |  | |
| Given Name |  | |
| ASMIRT Membership Number (if applicable) |  | |
| Project title |  | |
| E-mail address |  | |
| Telephone number | Work: | Mobile: |
| Organisation |  | |
| Department |  | |
| Currently held position |  | |
| Period of time – extension requested |  | |
| **Reason for Extension request:** | | |

Principal Investigator (Print name):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_