Request for Post Project Requirements (PPR) Extension:
Office of Undergraduate Research (OUR) Senior Thesis Research Funding Program

Date: ______________________
Recipient Name: ___________________________ Net ID: ________________
Department: ___________________ Faculty Adviser: ______________________
Class Year: ______________________
Awarded for: Fall Break _______ Winter/Intercession _______ Summer ________
Amount Awarded from ODOC $ ______________________
Amount Awarded from Other Funders: Dept: _______ Amount $ _______
                                            Dept: _______ Amount $ _______
                                            Dept: _______ Amount $ _______
Total Funds Spent to Date $ ______________________
    Domestic/International Travel $ ______________________
    Local Transportation $ ______________________
    Lodging $ ______________________
    Meals $ ______________________
    Materials and Supplies (related to research) $ ______________
    Other (please explain) ___________________ $ ______________________

Remaining Funds $ ______________________
Reason for PPR Extension Request: ____________________________________________
____________________________________________________________________________
____________________________________________________________________________
Amount of additional time requesting (no more than six weeks): ______________
Recipient Signature___________________________________________________________
Faculty Adviser Signature ____________________________________________________
Please return completed form to Crystal Arrington, Program Coordinator for Office of Undergraduate Research, 36 University Place, Suite 340.

Reviewed on ________________
Approved ___________________ Extension Deadline ______________________
Denied ___________________ Reason for Denial ______________________