

**ARC Request to Extend Funds to Next Fiscal Year**

This box is for – ARC Office Use Only

ARC Tracking # Date Received Date Approval Sent

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| 1. **COVER PAGE** | | |
| Principal Investigator: | School/Department: | |
| Co – Investigator(s): | School/Department: | |
| Academic Year: | Date of Submission: | |
| Title of Research: | | |
| Total Funds Requested : | Total Funds Used So Far: | |
| Amount to Be Transferred to Next Fiscal Year: | | |
| Separate Approvals Attached: Not Applicable Human Subjects Animals Other Specify | | |
| **Summary of Research Completed** (justification, objectives, methodology, stage(s)/phase(s) of research completed) | | |
|  | | |
| **Endorsements:** | | |
| **Principal Investigator**  *I will, in the event that an award results from this application, comply with Southern Adventist University policies and procedures and ethical practices, promptly disclose in writing all new technology or invention, and assume all responsibility to ensure that all proposed costs are met. Additionally, I understand that, if funded, this money must be spent by the end of the fiscal year, May 31.*  Signature  Name:  Title: Date: | | **Dean/Chairman**  Signature  Name:  Title: Date: |