**Extension Request Form**

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| *Unless stated otherwise, all sections in this form must be completed. The text “Click here to enter a date” or “Choose an item” will allow you to pick a response from the dropdown menu.*  *If an extension is required, this form should be filled and submitted at least two weeks prior to the initially agreed project end date. The form is to be completed and signed by the contract holder/researcher e.g. research student, visiting research fellow etc. and co-signed by a host at AIMS.*  *The signed form should be submitted by email as a pdf using the ‘email address for correspondence’ which is in your agreement letter. Approved forms will automatically be emailed to you.*  *The form should be renamed using the format: “name of the researchprogram\_type of\_document\_AIMSentity/centre\_monthyear of applying\_first and last name of applicant.” For instance, “MS4CR fellowship\_extension\_AIMSNEI\_Dec2018\_SarahJake”. Kindly note that extensions could be granted at no additional cost to AIMS.* |

1. Personal details.

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| **Host AIMS centre** |  | **Host partner institution** | |  |
| **Title** | Choose an item. | **Surname** | |  |
| **Names** |  | **Gender** | | Choose an item. |
| **Date of Initial agreement** | Click here to enter a date. | **# of amended agreements** | |  |
| **Project start date** | Click here to enter a date. | **Initial end date** | | Click here to enter a date. |
| **Anticipated date of resumption** | Click here to enter a date. | **New expected end date** | | Click here to enter a date. |
| **If collaborators are involved in the project, do they also require an extension?** | | |  | |
| **Research project title** |  | | | |

1. Reason(s) for requesting an extension. kindly provide supporting documents, if applicable.

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1. Are there any financial implications to AIMS linked to this request outside your initial agreement? Kindly indicate the various anticipated cost categories and provide supporting documents, if applicable.

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Main Budget category** | | **Unit amount (USD)** | **Number of units** | **Total (USD)** | | Accommodation | |  |  |  | | Living support | |  |  |  | | Tuition | |  |  |  | | Flight | |  |  |  | | Conference participation | |  |  |  | |  | |  |  |  | |  | Grand total (USD) | | |  | |

1. Details of other project collaborators to be considered during the extension period, if applicable.

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| Title and names | Affiliation | Role in project | Extension period | Support needed by AIMS (type and amount in USD) |
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Title and names of researcher Date Signature

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Title and names of collaborator Date Signature

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Title and names of host at AIMS Date Signature

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| For Official Use | |
| **Reviewed by** | **Comments and signature** |
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