Surgery

**Department of Surgery**

**Resident Research Grant – Extension Form**

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| --- | --- |
| 1. **Resident Name:**
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| 1. **Supervisor Name:**
 |  |
| 1. **Research Project Title:**
 |  |
| 1. **Amount of Funding Received:**
 |  |
| 1. **Start Date (mm/yy):**
 |  |
| 1. **Study Status:**
 |  |
| 1. **Please provide an explanation for why the extension is required:**
 |  |
| 1. **Anticipated Study Completion Date:**
 |  |
| 1. **Signature of PI:**
 |  |
| 1. **Signature of Resident:**
 |  |
| 1. **Date:**
 |  |

**Please forward the completed form by email or in hard copy to:**

Janice Sutherland

Research & Graduate Program Coordinator

Department of Surgery

Room E3-117, SJHC

Janice.sutherland@sjhc.london.on.ca

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**Internal Office Use Only:**

**New End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Research Committee Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Information Communicated to PI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**