Surgery

**Department of Surgery**

**Resident Research Grant – Extension Form**

|  |  |
| --- | --- |
| 1. **Resident Name:** |  |
| 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](mailto:Janice.sutherland@sjhc.london.on.ca)

--------------------------------------------------------------------------------------------------------------------------------------------

**Internal Office Use Only:**

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

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

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

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