Please complete this form to request an extension of time for your approved project.

**SECTION 1 – Details of Principal Applicant**

|  |  |
| --- | --- |
| Name: |  |
| Institution Address: |  |
| Telephone: |  |
| E-mail: |  |

**SECTION 2 – Details of Project**

|  |  |
| --- | --- |
| Project Title: |  |
| Date of Approval: |  |
| Project Start Date: |  |
| Project End Date: |  |

**SECTION 3 – Project Extension**

|  |  |
| --- | --- |
| Do you request more time to complete your project? | *Yes / No* |
| What is the reason for requesting extension of time? |  |
| What is the expected completion date? |  |

**SECTION 4 – Additional User To Project**

|  |  |
| --- | --- |
| Do you request access for additional user/s to your project? | *Yes / No* |
| If Yes:  If your project was approved **on** **01.01.2023** **or later**, please complete this form once your extension is approved: | [**https://forms.office.com/e/sXtamt9knA**](https://forms.office.com/e/sXtamt9knA) |
| If your project was approved **before** **01.01.2023**, pleaseprovide the following info once your extension is approved:   1. Full name, email address, position and institution for each additional user who needs access to your project   1  2   1. Confirm if the above user/s have access to NOP DSH account? (If a DSH account username starts with nop, it is a NOP DSH account.)   Name 1:  Name 2:   1. If any of the above users DO NOT have NOP DSH account, please also provide for them:   -signed [confidentiality form](https://skylark.ucl.ac.uk/NSHD/lib/exe/fetch.php?media=nshd:lha_data_sharing_agreement_13oct22.doc)  -valid data security awareness training certificate | Yes/No  Yes/No |

**SECTION 5 – Declaration**

|  |  |
| --- | --- |
| Signature of Principal Applicant |  |
| Print name: |  |
| Date of submission: |  |

**For LHA Team To Complete**

|  |  |
| --- | --- |
| Time Extension Granted? |  |
| Print name: |  |
| Decision Date: |  |