



**College of Arts and Sciences  
Startup Extension Request Form**

If a faculty member anticipates not being able to spend start-up funds within the agreed upon timeline, the first step is to discuss the situation with the unit Chair/Director and, if at all possible, identify alternate approaches to utilizing the start-up funds in a timely manner. After this discussion and in rare cases, faculty members may, with their Chair/Director's endorsement, request a start-up extension from the Dean's Office. The Dean's Office will assess the situation and, at its discretion, may approve start-up extensions beyond the original expiration date. Such approval is not automatic and will be evaluated on a case-by-case basis taking into account the faculty member's research performance to date, the justification for the request, the rate at which funds have been spent to date, and the faculty member's intended use of the funds.

<b>Name:</b>	<b>Primary Unit:</b>
<b>Rank at time of hire:</b>	<b>Secondary Unit (if applicable):</b>
<b>Current rank:</b>	<b>Original Startup Allocation Amount:    \$</b>
<b>Original Startup Fund Expiration Date:</b>	<b>Current Expiration Date:</b>
<b>Remaining Balance of Funds        \$</b>	<b>Unit Funds Expended:    \$</b>
<b>College Funds Expended:    \$</b>	<b>ORED Funds Expended:    \$</b>

**Requested Duration of Extension:** \_\_\_\_\_

Please provide a *brief* summary of **UNL research** activity to date: including awards, graduated students, publications, externally funded work, and proposals in process.

Please provide a *brief* summary of start-up expenditures to-date and estimated expenditures to be made by the original end date.

Please provide a *brief* justification of the need for extension of the start-up and a specific timeline for expenditures including breakdown of personnel, equipment, and operations. For equipment yet to be purchased, the specific equipment, price, and supplier must be identified.

**\*\*By signing this request, as chair/director of the unit, you agree to extend all remaining unit funds as well.**

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Primary Unit Chair/Director Signature

\_\_\_\_\_  
Secondary Unit Chair/Director Signature

**Extension Request Approved:**

\_\_\_\_\_  
Duration of Extension Granted

\_\_\_\_\_  
Associate Dean Signature

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Duration of ORED Extension Granted

\_\_\_\_\_  
Office of Research & Economic  
Development Signature

\_\_\_\_\_  
Date Approved