

**AMENDMENT/EXTENSION REQUEST FORM**

Name of person completing request: \_\_\_\_\_

Extension: \_\_\_\_\_

Date Prepared: \_\_\_/\_\_\_/\_\_\_

Project Title:

\_\_\_\_\_

Grantor: \_\_\_\_\_

TC Index Number: \_\_\_\_\_

TC Program/Department and Box:

\_\_\_\_\_

TC Administrative Representative (and extension):

\_\_\_\_\_

TC PI/PD (and extension): \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Tax ID Number: \_\_\_\_\_

Contractor Address:

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address:

\_\_\_\_\_

Contractor Technical Representative:

Name: \_\_\_\_\_ Title:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address:

\_\_\_\_\_

Name: \_\_\_\_\_ Title:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address:  
\_\_\_\_\_

Amount for the Amendment/Extension: \$ \_\_\_\_\_

Total Contract Amount: \$ \_\_\_\_\_ (and indicate if there is any carryforward from the previous contract period)

Contract Period of Performance for the Amendment/Extension: \_\_\_/\_\_\_/\_\_\_  
\_\_\_/\_\_\_/\_\_\_

(attach [Scope of Work](#), [Budget](#), Payment Schedule or Invoice Requirements, and any Reporting Requirements if there are any changes from the Contract previously issued)

The [Scope of Work](#) involves human subject research, as defined by the TC [IRB](#):  Yes  
 No

The project has received TC IRB approval:  Yes  No

Submission of this Request indicates that current funding exists at Teachers College and Grantor approval, if required, has been obtained.

If not, please explain: