GRANT EXTENSION FORM
(1/2021)

جامعة المدينة العالمية
Al-Madinah International University

Incomplete form will be rejected
Text in italics is explanatory and should be deleted in completed documents.

A. RESEARCH IDENTIFICATION

i. Title	
ii. Type of Grant	
iii. Proposed Budget (RM)	

iv. Duration of this Research (Maximum 24 months)

a. Duration (Months)	
b. Start (Month/Year)	
c. End (Month/Year)	

B. DETAILS OF RESEARCHERS

i. Principal Researcher

a. Staff ID	
b. Name	
c. Faculty/Department	
d. MyGRANTS ID	

ii. Other Researchers

No	Staff ID	Name	Faculty/ Department	Signature	MyGRANTS ID
1					
2					
3					
4					
5					
6					

C. EXTENSION ON SUBMITION OF RESEARCH				
Expected Completion Date				
Duration Required (Maximum duration of extension allowable is six (6) months from the expected date of completion) Please tick (/)	**3 MONTHS**		**6 MONTHS**	
Justification (Please attach the progress report and new milestone)				
Signature				
Date				

D. RECOMMENDATION BY DIRECTOR OF RESEARCH MANAGEMENT CENTRE	
RECOMMENDED ☐ NOT RECOMMENDED ☐	
Comments:	
Signature	
Full Name	
Date	

E. APPROVAL BY CHIEF EXECUTIVE OFFICER	
RECOMMENDED ☐ NOT RECOMMENDED ☐	
Comments:	
Signature	
Full Name	
Date	