**NDSU Student Technology Fee Action Plan**

**Request for Extension**

**Please email this request prior to the current projected completion date, to CeCe Rohwedder at** **cece.rohwedder@ndsu.edu**

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| --- |
| **Project Title:** |
| **Project TFAC Number:** |
| **Project Fund Number:** |
| **Requested Ending Date:** | **From:** | **To:** |
| **Total Technology Fee Award:**  |
| **Remaining Balance in Award Fund:** |
| **Project Director**  | **Campus Address:****Phone:****E-mail:** |
| **Name (Type or Print)** | **Signature** | **Date** |
| **Project Director** |  |  |
| **Unit Head** |  |  |

**Explanation:**

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**\_\_\_\_\_ Approved \_\_\_\_\_ Denied Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name & title Signature**