

AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE

REQUEST FOR EXTENSION OF STUDY DURATION

AUREC Number	
Date of request	
Title of study	
Institution	
Phone No.	
Email address	
Contact person if other than IP	
Phone No.	
Email address	
Initial study approval date	
Initial study end date	
Proposed study end date	
Reasons for requesting an extension of study duration	
Signature of Principal Investigator	
Date	

For official use		
Approval for study extension by AUREC		
Recommendation		
Signature of Chairperson or authorized person		