

## Muscular Dystrophy Canada REQUEST FOR EXTENSION FORM

To apply for additional time to use Muscular Dystrophy Canada's financial contribution towards the completion of your grant, please complete this form and send to:

Daria Wojtal, Director of Research, Muscular Dystrophy Canada  
40 Eglinton Avenue East Suite 500, Toronto, Ontario M4P 3A2  
Or alternatively [daria.wojtal@muscle.ca](mailto:daria.wojtal@muscle.ca)

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**Name of Principal Investigator(s):**

**Project Title:**

**Institution:**

**Grant start date and originally proposed end date:**

**Newly Proposed end date:**

**Please include the following pieces of information:**

1. Summary of accomplishments and progress to date
2. Reason for requesting an extension
3. Describe any challenges and the impact they had on the project thus far
4. How have these challenges been resolved?
5. Are there circumstances that may impact the completion of the work? If yes, describe.
6. Revised timeline / project schedule
7. Financial statement of the expenses to date
8. Addition information or comments that pertain to this request (optional)