|  |
| --- |
| **GRANT INFORMATION *(As per Letter of Award)*** |
| **ACP:**  |  |
| **Host Institution:** |  |
| **Project Title**  |  |
| **Award No.:**  |  |
| **Name of ACP / Research Mentor:**  |  |
| **Name and email of Medical Student:**  |  |
| **Award Start Date:** | *DD/MM/YY* | **Award End Date:** | *DD/MM/YY* |

**VARIATION GUIDELINES FOR APPROVED BUDGET**

1. Please complete Sections **A, B and D.**
2. Grant variation request must be submitted **no later than 3 months before Grant End Date**, failing which Joint Office of Academic Medicine reserves the right to reject the request.
3. For grant variation(s) **less than or equal to 20%,** the ACP / Research Mentor and Medical Student Awardee have the discretion to vary budget allocation(s) within the category, without seeking approval from Joint Office of Academic Medicine. Notwithstanding this, the Student Awardee is required to submit the Grant Variation Form to Joint Office of Academic Medicine, duly endorsed by his / her ACP / Research Mentor.
4. Approval must be sought from Joint Office of Academic Medicine for any cumulative grant variation(s) **exceeding 20%** of the Approved Budget in Annex 1 of your Duke-NUS MSF Letter of Award. The cumulative grant variation sought must not exceed the total awarded grant amount.
5. Each Student Awardee is only entitled to submit one grant variation for each award. Thereafter, no further variation will be allowed on the revised approved budget.
6. All variations are subjected to review and approvals.

**EXTENSION GUIDELINES FOR APPROVED AWARD**

1. Please complete Sections **A, C and D**.
2. The request will only be considered if the Research Project continues under the mentorship of the Awardee’s ACP / Research Mentor and must be submitted to Joint Office of Academic Medicine for consideration **no later than 3 months before Grant End Date**, failing which Joint Office of Academic Medicine reserves the right to reject the grant extension request.
3. Each Student Awardee is only entitled to submit one grant extension of 6 months.
4. All extensions are subjected to review and approvals.
5. Any time-off taken during the student’s advanced clinical training to conduct research activity is subjected to approval from his / her clinical mentor(s).

**A. BUDGET INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Other Operating Expenses (S$)** | **Capital Equipment (S$)** | **Total (S$)** |
| **Approved Budget (A)***(As per Letter of Award)* | *2000* | *1000* | *3000* |
| **Expenditure as of DD/MM/YY** | *300* | *200* | *500* |
| **Balance as of DD/MM/YY** | *1700* | *800* | *2500* |
| **Current Variation (B)***If variation within the same category, just indicate as 0.* | *-200* | *+200* | - |
| **Revised Budget after Variation [(A) +/- (B)]** | *1800* | *1200* | *3000* |

**B. SUMMARY OF VARIATION REQUEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **From Category/****Item** | **To** **Category/****Item** | **Amount** **(S$)** | **Remarks to state:****Justification / reason(s) for the variation**Important note: With reference to the terms and conditions stated in your Letter of Award, only expenses directly related to the Research/Scholarly project are allowed. **Manpower support are not allowable under this Fellowship.** |
| 1. | *CAPEX/**Thumb drive* | *OOE/**Stationary* |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

**C. DETAILS JUSTIFYING GRANT EXTENSION**

|  |  |
| --- | --- |
| **Award End Date:***(As per Letter of Award)* | *DD/MM/YY* |
| **New Award End Date:** | *DD/MM/YY* |
| **Duration of Extension:** | **6** | **Month(s)** |
| **Justification / Reason(s) for Extension:**  |  |
| **Will the Medical Student continue to work on the Project under guidance of the ACP / Research Mentor during the extension period?**

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| **OTHER PERTINENT INFORMATION** *(Please specify if any):* |

**D. ACKNOWLEDGEMENT BY MEDICAL STUDENT**

I understand that any grant extension/variation is independent of and has no bearing on my research project deliverables. I will submit my research thesis as according to the stipulated deadline by the Duke-NUS Office of Education.

**Please attach relevant documents to support your grant extension application (e.g. Acceptance notice of journal publication), where applicable.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student(Name & Signature) |  | Date |
|  |  |  |
|  |  |  |
| **F. ENDORSEMENT** |  |  |
| ACP / Research Mentor  (Name/Signature) |  | Date |

***For Official Use Only***

Reviewed via Duke-NUS eWorkflow System. Please refer to **Document eApproval – Audit Trail Report** for the outcome of your variation and/or extension request. Do note that Signee is Duke-NUS Academic Medicine Department’s authorised signatory.