



UNIVERSITY OF CAPE COAST

DIRECTORATE OF RESEARCH, INNOVATION AND CONSULTANCY [DRIC]

REQUEST FOR CLOSING OUT OF PROJECT

*[Researchers or Evaluators should allow **at least ten (10) working or business days** from deadline for processing of request and feedback from DRIC]*

PARTICULARS OF PRINCIPAL INVESTIGATOR OR LEAD CONSULTANT

Surname:	First Name:	Middle Name:

College:	Faculty/School:
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Directorate/Centre/Department/Office:	Designation/Title:
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Email Address:	Cell Phone No.:
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DETAILS OF PROJECT

Please attach the following documents or send their soft copies to dric@ucc.edu.gh:

1. A copy of the End of Project Report
2. Project pictures in pdf or jpeg format
3. Abstract of publications

Proposed Project Title:

Funding Agency(ies):	
Email Address(es):	
Project Period (<i>in months/years</i>):	
Project Start Date:	Project End Date:

Project Outputs (*Include main achievements, conferences/workshops/seminars attended, presentations at conferences, equipment purchased, etc.*):

Total Project Contract Sum (<i>In Words</i>):	Total Project Contract Sum (<i>In Figures</i>):
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Please attach a detailed project financial statement

Final Project Report Submission Due Date:

Any Other Relevant Information:

Signature of Principal Investigator/Lead Consultant:	Date:
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FOR OFFICIAL USE ONLY:

Date of Receipt at DRIC:

Decision by Director of DRIC:	Signature of Director of DRIC:
	Name:
	Date: