

**CASE WESTERN RESERVE UNIVERSITY  
PETITION TO ALLOW ACCOUNTS TO REMAIN OPEN**

Date \_\_\_\_\_ Department Account No. \_\_\_\_\_  
Department \_\_\_\_\_ Agency \_\_\_\_\_  
P.I. \_\_\_\_\_ Agency Account No. \_\_\_\_\_  
CWRU Account No \_\_\_\_\_ Direct cost \_\_\_\_\_ Indirect cost \_\_\_\_\_  
Account Balance \_\_\_\_\_

**ATTACH COPY OF MOST RECENT EXPENSE STATEMENT**

1. Account is scheduled to terminate due to (check applicable reason(s)):
  
  
  
  
  
  
  
  
  
  
2. Please provide justification of why account should remain open.
  
  
  
  
  
  
  
  
  
  
3. Provide explanation of how deficit will be cleared and specific dates (**attach any necessary documentation**) or rationale for extension of end date.
  
  
  
  
  
  
  
  
  
  
4. Grace Period requested until: \_\_\_\_\_  
\*\* Note if deficit exists upon expiration of petition, a journal will be prepared by the Controller's Office to transfer the deficit to the cost share account. **If the end date is not extended, after end date charges will be transferred to the cost share.**

\_\_\_\_\_  
P.I. Signature/Date

\_\_\_\_\_  
Department Head Signature/Date

\_\_\_\_\_  
Dean Signature/Date

\_\_\_\_\_  
Provost Signature/Date (if applicable)