

INTERNAL AWARD CHANGE OF SCOPE REQUEST

Applicant Name: _____ School: _____

Co-Applicant Name: _____ School: _____

Co-Applicant Name: _____ School: _____

Co-Applicant Name: _____ School: _____

Type of Awarded: _____ Fiscal Year: _____

Title of Project:

If awarded a Course Release, semester awarded: _____

If awarded a Sabbatical, semester(s) awarded: _____

Was the award monetary? Yes No If yes, amount of award: \$ _____

Has any of the award money been spent to date? Yes No If yes, amount: \$ _____

Will you need a budget reallocation/adjustment? Yes No

If yes, please justify in detail the need for the budget adjustment below:

Please explain any changes in timeline, aims and objectives, procedures/methodology, and/or project outcomes from the original proposal submitted and approved by the R&PD Committee.

Internal Award Project Change of Scope Request – Dean’s Approval:

Signature

Date

ORSP Approval:

Signature

Date

RPD Chair Approval:

Signature

Date