

SUPPLEMENTAL DOCUMENT REVIEW/APPROVAL SHEET*

Office of Research
 1534 White Avenue
 974-3466; FAX 974-2805

PROPOSAL ID# _____
PRINCIPAL INVESTIGATOR _____
AGENCY _____
DEPT/COST CENTER _____

Contact for Questions _____ e-mail _____ phone _____

Modification Type (Describe fully below; please provide revised information in the same detail required by original DOCUMENT REVIEW/APPROVAL SHEET)

- Investigators
- Initial Performance Period ** _____ to _____
- Total Performance Period ** _____ to _____
- Funds Requested ** \$ _____
- Total Funds Requested ** \$ _____
- Effort on/off campus ** _____
- Cost Sharing ** \$ _____
- Other

Description of Changes (attach continuation sheets if needed):

Approvals

Note: There must be signature approvals for all Department Heads, Deans and Directors affected by changes. Please sign and date.

Principal Investigator(s)	Department Head(s)	Dean(s)/Director(s)

* For changes to previously approved Proposals or variances between approved Proposal and Award document.
 ** Requires revised budget submittal