

Colorado College
Faculty Research (Sponsored Programs)
PRIOR APPROVAL REQUEST FORM

PRINCIPAL INVESTIGATOR <small>(Name and Department)</small>		CC Fund number
AWARDING AGENCY	AGENCY AWARD NUMBER	CURRENT AWARD PERIOD

1. ACTION(S) FOR WHICH APPROVAL IS REQUESTED: (** Agency approval required)

- ** Change in Objective or Scope
- ** Change in/Absence of Principal Investigator
- Preaward Costs (up to 90 days): Requested Start Date _____
- Time Extension (up to 12 months): Requested End Date _____
- Rebudgeting: From budget category To budget category
- \$
- \$
- \$
- Other (please list) _____

2. EXPLANATION/JUSTIFICATION

Please briefly cite scientific, technical or administrative reason(s) for this action. Attach additional pages, if necessary.

3. REQUIRED APPROVAL SIGNATURES

I have examined this request for its scientific and/or administrative merits. This action will result in effective utilization of college and project resources and is consistent with the scope and objectives of the project, college policy, and OMB Expanded Authorities.

PRINCIPAL INVESTIGATOR	_____	DATE	_____
DIR. OF FACULTY RESEARCH SUPPORT	_____	DATE	_____
TAX and COMPLIANCE MANAGER	_____	DATE	_____
DEAN (Authorized Institutional Official)	_____	DATE	_____
AWARDING AGENCY OFFICIAL (If Required)	_____	DATE	_____