

**Stephen F. Austin State University  
Revision Clearance Form**

<b>Requestor:</b>	<b>Phone:</b>
<b>PI:</b>	<b>Phone:</b>
<b>Project Title:</b>	
<b>Sponsor:</b>	
<b>Award No.</b>	
<b>FOP:</b>	
<b>Type of Revision:</b>	Budget changes Time extension Change in project scope Task order (added to existing agreement) Key personnel change or PI absence Other _____
<b>Signatures (Only required if initiated by PI/PD)</b>	
PI:	Date:
Chair:	Date:
<b>Comments: (Optional)</b>	

**ORSP USE ONLY**

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- |                              |                                |
|------------------------------|--------------------------------|
| _____ Contact/Notify Sponsor | _____ Create New Fund Number   |
| _____ Update Banner          | _____ Notify Grants Accountant |
| _____ Update Database        | _____ Other                    |

Return to ORSP Staff \_\_\_\_\_ to Notify PI/Program Staff  
*Staff initials*