

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

Project Director:

Phone:

Title of Existing Project:

Funding Agency:

Contract or Agreement Number:

Account Number:

Type of Revision:            Budget Increase or Decrease  
   Time Extension  
   Change in Project Scope  
   Task Order (added to existing agreement)  
   Other

Signatures

Date

Project Director:

Chair:

ORSP Representative:

Comments: (Optional)