

**ROUTING INSTRUCTIONS:** Email completed form and supporting documents to [rsospecp@ualberta.ca](mailto:rsospecp@ualberta.ca).

<b>Project Number</b>	<b>Project Title</b>																				
<input type="checkbox"/> <b>Change of Project Holder</b>		<input type="checkbox"/> <b>Change of Dept ID</b>	<input type="checkbox"/> <b>Change of Project End Date</b>																		
CURRENT Project Holder		CURRENT Dept ID	CURRENT End Date (mm/dd/yyyy)																		
NEW Project Holder		NEW Dept ID	NEW End Date (mm/dd/yyyy)																		
<b>Justification for Requested Change</b>																					
<b>Project Information</b>																					
Additional Award Amount \$	Sponsor or Faculty/Department Providing Funds	Sponsor Contact Name	Sponsor Phone Number																		
<b>Please attach the following:</b> <input type="checkbox"/> <b>Notice of Award:</b> Letter, award notice or Agreement from Sponsor or Faculty/Department <input type="checkbox"/> <b>Scope of Work:*</b> Description of proposal <input type="checkbox"/> <b>Budget:*</b> Provide detailed projected expenditures <b>*Not applicable for no-cost extension of projects</b>		<b>New additional University (Department/Faculty-funded) resources are required to support this project:</b> Space (Additional or Modifications): <input type="checkbox"/> Yes <input type="checkbox"/> No Technical Support: <input type="checkbox"/> Yes <input type="checkbox"/> No Student Funding: <input type="checkbox"/> Yes <input type="checkbox"/> No Teaching Relief/Release: <input type="checkbox"/> Yes <input type="checkbox"/> No Faculty/Dept letter or email confirming support is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Other (describe): <input type="checkbox"/> Yes <input type="checkbox"/> No Are matching/partner funds in place or intended to be obtained for this project: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: Project includes honorarium or salary for the Principal Investigator: <input type="checkbox"/> Yes <input type="checkbox"/> No Does this project involve Aboriginal/Indigenous peoples, their communities or knowledge systems? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
<b>Certifications Required</b>																					
<b>Note:</b> RSO requires all applicable and current protocol numbers on file before proceeding with this change request. Indicate <b>Yes</b> or <b>No</b> for each requirement. If <b>Yes</b> , please enter AUP/PRO number.																					
Human <input type="checkbox"/> Yes <input type="checkbox"/> No Animal <input type="checkbox"/> Yes <input type="checkbox"/> No Biohazard <input type="checkbox"/> Yes <input type="checkbox"/> No Stem Cell <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Protocol 1</th> <th>Protocol 2</th> <th>Protocol 3</th> <th>Protocol 4</th> <th>Protocol 5</th> </tr> </thead> <tbody> <tr> <td><b>Human</b></td> <td>PRO</td> <td>PRO</td> <td>PRO</td> <td>PRO</td> <td>PRO</td> </tr> <tr> <td><b>Animal</b></td> <td>AUP</td> <td>AUP</td> <td>AUP</td> <td>AUP</td> <td>AUP</td> </tr> </tbody> </table>		Protocol 1	Protocol 2	Protocol 3	Protocol 4	Protocol 5	<b>Human</b>	PRO	PRO	PRO	PRO	PRO	<b>Animal</b>	AUP	AUP	AUP	AUP	AUP		
	Protocol 1	Protocol 2	Protocol 3	Protocol 4	Protocol 5																
<b>Human</b>	PRO	PRO	PRO	PRO	PRO																
<b>Animal</b>	AUP	AUP	AUP	AUP	AUP																
<b>APPROVALS</b>																					
<b>Declaration of Project Holder</b>																					
I hereby confirm that I will: (1) spend the funds in compliance with sponsor terms and University policy and procedures (UAPPOL); (2) comply with all other sponsor terms; (3) authorize all expenditures to the project (or delegate where applicable); and (4) ensure financial reports are accurate and complete.																					
Project Holder Name (printed)	Project Holder Signature	Date Signed (mm/dd/yyyy)																			
	X																				
<b>Declaration of Senior Financial Officer (SFO)</b>																					
I hereby confirm that: (1) I have reviewed the donation and terms; and (2) the Faculty has processes in place to ensure compliance with all sponsor terms and University policy and procedures (UAPPOL).																					
SFO Name (printed)	SFO Signature	Date Signed (mm/dd/yyyy)																			
	X																				
<b>FOR RESEARCH SERVICES OFFICE USE ONLY</b>																					
Approved by	RSO Name (printed)	RSO Signature	Date Signed (mm/dd/yyyy)																		
		X																			