

CHANGE-OF-USE REQUEST FORM

RESEARCH AND CREATIVE ACTIVITIES COURSE GRANT



Required Information for review:

- **Proposed Modification:** A brief summary of the proposed change and its purpose.
- **Justification:** An explanation of why the proposed cost or change is necessary and appropriate.
- **Direct Relevance:** A description of how the proposed cost directly supports and benefits the approved grant project.

FACULTY INFORMATION

Request date: _____

Name: _____

Email: _____

PROPOSED MODIFICATION

JUSTIFICATION

DIRECT RELEVANCE

CUE APPROVAL

 Approved Declined

CUE Signature: _____

Date: _____