



جامعة الإمام عبد الرحمن بن فيصل  
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY

عمادة البحث العلمي  
Deanship of Scientific Research

## Project Modification Request

To the Dean of Scientific Research,

With Reference to the approval of financing research project number ( ) entitled ( ) within the ( ) budget and after reviewing the unified regulations of scientific research in Saudi universities, and the implementation rules and regulations of Imam Abdulrahman Bin Faisal University (IAU), we would like to request approval of the following modifications<sup>(1)</sup>:

<input type="checkbox"/> Change the project plan	<input type="checkbox"/> Add a consultant	
<input type="checkbox"/> Transfer authority of PI to an alternative PI <sup>(*)</sup> <sup>(**)</sup>	<input type="checkbox"/> Replace a consultant	
<input type="checkbox"/> Replace a Co-Investigator <sup>(*)</sup>	<input type="checkbox"/> Extend the duration of the project from ( / /20 ) to ( / /20 )	
<input type="checkbox"/> Add a Co-Investigator <sup>(*)</sup>	<input type="checkbox"/> Increase the budget item fund from ( SR) to( ) <sup>(2)</sup>	
<input type="checkbox"/> Replace a Research Assistant	<input type="checkbox"/> Terminate the research project	
<input type="checkbox"/> Add a Research Assistant	<input type="checkbox"/> Other (Specify) .....	
Details of the Request (Explain in detail the scientific reason for the requested change. of the change on the objectives, outcome, and management plan of the project):		
Justification (When applicable, clarify with necessary documents and evidences the needs for the requested changes):		
Commitment (State clearly the negative impact of the requested change on the outcomes of the project and the mitigation plan to ensure that the proposed originality of the project will be maintained):		
Name of PI/	Signature:	Date:
previous researcher name (PI/Co-PI) <sup>(*)</sup> /	Signature:	Date:
justification of approval to exclude the researcher		
Is there any previous literary rights for the researcher <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes please specify:		



Describe the implications into research		
Surname or Current name	Signature:	Date:
Justification of Approval		

- (1) CC to the PI.
  - (2) Attach the purchase orders, quotations and paid bills for the purchased items.
- If adding or replacing a member of research team attach CV for the alternative researcher \*
- Both former and alternative researcher must sign on the transfer approval agreement \*\*

