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| To: | Administration Team, ORKTS c/o Medicine Panel |
|  | (Email: [mugilau@cuhk.edu.hk](mailto:mugilau@cuhk.edu.hk)) |
|  | *(All applications of Direct Grant for Research should be sent to the Medicine Panel for processing)* |

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| **Change Request Form** |

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| 1. **Project Particulars** | | | | | |
| Funding Scheme | Direct Grant for Research | | | | |
| Name of PI |  | | | | |
| Department |  | | | | |
| Project Title (Project Code) |  | | | | |
| Project Duration (in months) |  | | | | |
| Awarded Amount | HK$ |  | Available Balance | HK$ |  |

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| 1. **Request for Change(s)** | | | | | | | | | | | | | | | | | | |
| **Type** | **Details** | | | | | | | | | | | | | | | | | |
| Project Extension | Originally approved project duration: | | | | | | | | | | | | | | | | | |
| Total period (in months): | | | |  | | | | Start date: |  | | | | End date: | | | |  |
| Requested extension: | | | | | | | | | | | | | | | | | |
| Proposal extension (in months): | | | | | |  | | | | | | Proposed end date: | | | |  | |
| Any extension approved Previously?  Yes  No | | | If yes, please provide details on the extended period and approval date | | | | | | | | | | | | | | |
|  | | | | Extended period | | | | | | | | Approval date | | |
| 1st | | | | to | | | | | | | |  | | |
| 2nd | | | | to | | | | | | | |  | | |
| Change of PI | New PI’s particulars: | | | | | | | | | | | | | | | | | |
| Name: |  | Position: | | |  | | | | | Academic Unit: | | | |  | | | |
| Budget Revision | Budget item\* | | | 1. Originally approved | | | | | | | | 1. Proposed virement | | | | | Difference i.e. (b)-(a) | |
|  | | | 0 | | | | | | | | 0 | | | | | 0 | |
|  | | | 0 | | | | | | | | 0 | | | | | 0 | |
|  | | | 0 | | | | | | | | 0 | | | | | 0 | |
|  | | | 0 | | | | | | | | 0 | | | | | 0 | |
|  | | | 0 | | | | | | | | 0 | | | | | 0 | |
|  | | | 0 | | | | | | | | 0 | | | | | 0 | |
|  | | | 0 | | | | | | | | 0 | | | | | 0 | |
| **Total** | | | **0** | | | | | | | | **0** | | | | | **0** | |
| *\*For newly added item(s), please* ***select*** *it with “(New)”, e.g. Conference (New).* | | | | | | | | | | | | | | | | | |
| Others | Please specify: | | | | | | | | | | | | | | | | | |

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| 1. **Justifications for the requested change(s)** |
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|  | |  |  |  |
| Signature of PI: | |  |  |
|  |  | (Name: ) |  | Date |

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| For Direct Grant, endorsement from Panel Convener is required | | | | | |
| Signature of endorser: | |  | |  |  |
|  | | Prof. Lo, Yuk Ming Dennis  (Convener of Medicine Panel) | |  | Date |
|  |  | |
| c.c. | Accounts Office | |
|  | ORKTS | |
|  | Principal Investigator | |