

UNIVERSITY OF HAWAII  
Office of Research Services  
**Prior Approval Form**

REV APR 2021

Principal Investigator \_\_\_\_\_

Funding Agency \_\_\_\_\_

Award Number \_\_\_\_\_

Current Budget Period \_\_\_\_\_

Type of Action:  I) Rebudget

II) No-Cost Extension

III) Other (describe in box below)

IV) Preaward Costs (For PHS-funded projects, Investigator (including any Key Personnel) must have completed ORS FCOI training prior to incurring such expenditures)

Description and Justification for Request:

**I) Budget line-item(s) change(s)**

Budget Period Affected \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Amount: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Amount: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Amount: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Amount: \_\_\_\_\_

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**II) No-Cost Extension**

Indicate extension period From: \_\_\_\_\_ To: \_\_\_\_\_

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\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiscal Administrator Signature

\_\_\_\_\_  
Date

Approved \_\_\_\_\_

Vassilis L. Syrmos  
Interim Director,  
Office of Research Services

\_\_\_\_\_  
Date