**NDSU Student Technology Fee Action Plan**

**Request for Scope Change**

**Please email this request prior to implementing the requested change, to CeCe Rohwedder at** [**cece.rohwedder@ndsu.edu**](mailto:cece.rohwedder@ndsu.edu)

|  |  |  |
| --- | --- | --- |
| **TITLE OF PROJECT** | | |
| **Project TFAC Number:** | | |
| **Project Fund Number:** | | |
| **Total Technology Fee Award:** | | |
| **Remaining Balance in Award Fund:** | | |
| **Project Director** | **Campus Address:**  **Phone:**  **E-mail:** | |
| **Name (Type or Print)** | **Signature** | **Date** |
| **Project Director** |  |  |
| **Unit Head** |  |  |

**Description of Requested Scope Change:**

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|  |

**\_\_\_\_\_ Approved \_\_\_\_\_ Denied Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & title Signature**