**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**

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| --- |
| **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**