

FORM D
PROJECT AMENDMENTS

Project Name:

Amendment (*attach amended 2-7*):

- Purpose of Amendment:

- Previously Approved Budget:

- Project Cost Total with Proposed Amendment:

- Amendment Funding Source (specify):

- Timeline:

- Other:

Amendment submitted by:

[signature] _____
[Typed name, title]

_____ Date

(Completed form should be sent to the Executive Assistant to the Vice President for Administration, zip 6038, to acquire signatures and distribute copies. Any questions should be directed to ext. 85809.)

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Recommendation:

___ Amendment Recommended

___ Amendment Not Recommended

Stephen G. Garcia, Vice President for Administration

Date

President's Approval:

___ Amendment Approved

___ Amendment Not Approved

___ Hold for further discussion

Alexander Gonzalez, President

Date