

(Attach Additional Sheets if Necessary)

(2) Explanation of the reasons that the amendment is necessary:

Direct questions to: _____ Phone: _____

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

Full Name of Principal Investigator, Department Head, or Administrator

Signature

Date

Full Name of Fiscal Officer

Signature

Date

APPROVED:

Full Name of Vice President or Chancellor

Signature

Date

FOR OPRPM USE ONLY

OPRPM COMMENTS:

_____ APPROVED _____ DENIED

VICE PRESIDENT FOR BUDGET AND FINANCE/CHIEF FINANCIAL OFFICER, UNIVERSITY OF HAWAII

DATE