**NLN Research in Nursing Education Grant Program**

**Research Grant Modification Form**

**Name of the PI:**

**Study Title:**

**Grant Period:**

**Today’s Date:**

**Type of Modification**: [ ]  Research Design [ ]  Personnel Change [ ]  Budget Modification

(*Check all that apply)*  [ ]  Other

**Use the rest of this form to describe the type(s) of planned modification:**

**Research Design:** Please use this section to explain your original design, what changes are being made to that design and the reason for these changes.

**Personnel Change:** Please use the section to explain any additions or deletions of personnel included in the original grant application as well as the reason for these changes.

**Budget Modification:**

Original Budget: List the items and amounts in the original budget and submit a revised budget on a separate budget form attachment.

**Budget Items: Budget Amount:**

Describe what change(s) are planned:

State reason for change:

**Other:**

Describe what change(s) are planned:

State reason for change:

Will this change affect IRB approval status? [ ]  yes [ ]  no

(For NLN Staff Only)

**NLN Approval:** [ ]  yes [ ]  no

If no, state reason:

NLN Staff Signature:

Date: