

# Sponsored Programs and Research Administration

## Memorandum of Understanding / Service Level Agreement Modification Form

Project Name: \_\_\_\_\_

Project Location:

VSU: \_\_\_\_\_

Outside VSU: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Vendor: \_\_\_\_\_

VSU Contact Name:

Vendor Contact Name:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Project Budget: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reason for Modification to Contract: \_\_\_\_\_

\_\_\_\_\_

Project Team / Required Resources: \_\_\_\_\_

\_\_\_\_\_

### Required Signatures

Principal Investigator: \_\_\_\_\_

Office of Sponsored Programs: \_\_\_\_\_

Legal Affairs: \_\_\_\_\_

President/Provost: \_\_\_\_\_

