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| ovcr red**Change in Organization Code**  This form is used when a sponsored project requires a change to the Department or Unit it was assigned to.  KC Version 1.0 (9/4/2019) | **For OSP Use Only**  **Date: / / 20\_\_\_\_**  **Assigned Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**  **Notification sent to OSP-Post-Award Setup & OSP-Pre-Award Team** |

# Principal Investigator Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | | |
| Email: | | Phone: | UIN Number: |
| Principal Investigator  Approval Signature: |  | | |

# Request Details

|  |  |
| --- | --- |
| Please provide rationale for this request |  |

# List of Projects to Be Reassigned

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| --- | --- | --- |
| **UIC Award #** | **Banner Grant Code** | **eRA Commons Update Required** |
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# Relinquishing Department/Unit Information

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| --- | --- | --- | --- | --- |
| Unit Name | | | | Org. Code:2- |
| Contact Person: | | Email: | Phone: | UIN Number: |
| Relinquishing Department Chair or Director Approval Signature: | Name and Title: | | | |

# Receiving Department/Unit Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unit Name | | | | Org. Code:2- |
| Contact Person: | | Email: | Phone: | UIN Number: |
| Receiving Department Chair or Director Approval Signature: | Name and Title: | | | |