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| **CHANGE REQUEST FORM***Return a signed copy (scanned) via email to hei.ici@oph.fi* | **Date (dd/mm/yyyy):** Click or tap to enter a date. |
| **HEI ICI project acronym:** Click or tap here to enter text. |
| **HEI ICI project name:** Click or tap here to enter text. |
| **Category of planned change (check all that apply)**  [ ]  Budget [ ]  Fixed assets [ ]  Results Framework [ ]  Staff or Key Experts [ ]  Work Plan  [ ]  Other, what: Click or tap here to enter text. |
| **Description and arguments for the change**Click or tap here to enter text. |
| **Consequences or risks to be considered for the change**Click or tap here to enter text. |
| **Description of internal decision-making process** *Describe how the project partners, including the Project Board, have agreed on the change.*Click or tap here to enter text. |
| **Attachments** *Provide a numbered list of documents you wish to attach to your request. For budget reallocations exceeding 15%, include a revised budget.*Click or tap here to enter text. |
| **Signature and name clarification** *Signature of the Project Coordinator or other project representative. Electronic signatures accepted.* |
| **For EDUFI use only** |
| **Decision:** [ ]  Reject [ ]  Approve [ ]  Approve with Conditions |
| **Justification of Rejection or Approval (incl. possible conditions):** |
| **Signatures on behalf of EDUFI and/or the MFA** |
| Date (dd/mm/yyyy) | Name & Title | Signature |
| Date (dd/mm/yyyy) | Name & Title | Signature |