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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 |