



UTS

UNIVERSITY OF TECHNOLOGY SARAWAK

GRANT MANAGEMENT FORM

PROJECT DETAILS

Project Title: _____

Research ID: _____ Project Leader: _____

School: _____ E-mail: _____

Start Date: _____ End Date: _____

Signature of Project Leader: _____

Purpose (*please tick*):

A. Project Extension Period	<input type="checkbox"/>
B. Change of Project Leader / Proposed Co-Researcher(s)	<input type="checkbox"/>
C. Fund Virement	<input type="checkbox"/>

A. PROJECT EXTENSION PERIOD

Extended period: _____

Justification: _____

Supporting documents: Latest Progress Report

Revised Project Schedule / Gantt Chart

B. CHANGE OF PROJECT LEADER / PROPOSED CO-RESEARCHER(S)

Name of Proposed Project Leader: _____

Justification: _____

Name of Proposed Co-Researcher(s): 1. _____
(if any)

2. _____

Supporting documents: New Project Leader / Co-Researcher(s) Curricular Vitae (CV)

C. FUND VIREMENT

Category (Vote)		Balance (RM)	Transfer Amount (RM)	Balance After Transfer (RM)
From	To			

Justification (*please state*): _____

APPROVAL BY DIRECTOR, CENTRE FOR RESEARCH & DEVELOPMENT

Approved

Not Approved

Comment: _____

Date: _____

Signature of Director: _____