**University of Central Florida - Office of Research**

**VPR Advancement of Early Career Researchers (AECR)**

**SPECIAL REQUEST FORM**

1. **Principal Investigator:**
2. **Project title:** “AECR: \_\_\_\_\_”
3. **Project account number:**
4. **Project start/end dates:**
5. **Type of request** (e.g., Budget Transfer, No-Cost Extension, Other)**:**
6. **Description of the requested change. If the requested change is budget related, please also indicate what funds will be adjusted from the original budget:**
7. **Will the change(s) impact the scope of the project or its milestones/deliverables?
If yes, provide justification information:**