

Clarkson University PAUSE Research Continuity Plan

Application for Modification to Approved Plan

Email completed form to AVP for Research (srobinso@clarkson.edu)

PI Name:

PI Email:

PI Phone:

Lab Location(s):

Request for Modification

Change in group members approved to be on campus? If so, what is the requested change?

Change in work schedule? If so, what is the proposed new schedule for access?

Change in scope of work? If so, what work will be done/not done if this modification is approved?

Justification for requested modification. Please provide information regarding the necessity for the change in approved research continuity plan.