THE UNIVERSITY OF SOUTHERN MISSISSIPPI

Office of Research Administration
Key Personnel Change Request Form

Account No.:	Sponsor:
Effective Date:	Contracts and Grants Administrator/ Coordinator:

PART I – Change Action

Indicate any changes to the Key Personnel (e.g., PI/PD, Co-PI, Senior/Other Personnel) involved in this project. This may include the addition of new personnel, the removal of existing personnel, or the reassignment of roles among current team members. Please attach all supporting documentation relevant to the proposed change(s) along with the completed form.

Name	Employee ID	Action	Role
	w	(select)	
	w	(select)	
	w	(select)	
	w	(select)	
	w	(select)	

PART II: Key Personnel Acknowledgment and Certification Statement

I have read, understood, and agree to comply with The University of Southern Mississippi's Conflict of Interest policies and its eligibility requirements for serving as key personnel on this project. As a newly designated member of the project team, I accept responsibility for fulfilling the duties associated with my role. I further agree to adhere to all applicable university and sponsor policies, procedures, and management guidelines, and to support the ethical and compliant conduct of the project in collaboration with the full project team.

_____ _____

Key Personnel Signature Date

PART III: Internal Approvals

_____ _____

Department Chair/ Director Signature Date

_____ _____

VPR/AVPR Signature Date

For ORA-PAM Use Only:

Is sponsor approval required?

☐ Yes ☐ No

Did the sponsor approve prior approval?

☐ Yes ☐ No