



**Office of Research Administration**  
**DRIF/CREDIT PERCENT CHANGE REQUEST FORM**  
**for PIs, Co-PIs, and Other Project Personnel**

This form should be used in instances where faculty PI's/Co-PIs'/Project Personnel's DRIF and Credit Percentages require revision. Send the completed and signed copy to ORA via mail to your Contract Administrator, 3112 Lee Building, email to [ora@umd.edu](mailto:ora@umd.edu), or fax to 301-314-9569.

This form requests changes to: Explanation:  
 Add an investigator  
 Delete an Investigator  
 Change Credit Distribution

1. Project Title: \_\_\_\_\_  
 2. KFS Account #: \_\_\_\_\_ or KR Institute Proposal #: \_\_\_\_\_  
 3. The requested changes to DRIF/Credit for this project are as follows

PI	Original Credit	Revised Credit	
Name	Original % credit for Project	Revised % Credit for Project	
College                      Dept.	Original % Credit for PI/PD	Revised % Credit for PI/PD	
College                      Dept.	Original % Credit for PI/PD	Revised % Credit for PI/PD	
	Unit Total for Investigator                      100%	Unit Total for Investigator                      100%	

**Co-PI or other Project Personnel**

Name	Original % credit for Project	Revised % Credit for Project	
College                      Dept.	Original % Credit for PI/PD	Revised % Credit for PI/PD	
College                      Dept.	Original % Credit for PI/PD	Revised % Credit for PI/PD	
	Unit Total for Investigator                      100%	Unit Total for Investigator                      100%	

**Co-PI or other Project Personnel**

Name	Original % credit for Project	Revised % Credit for Project	
College                      Dept.	Original % Credit for PI/PD	Revised % Credit for PI/PD	
College                      Dept.	Original % Credit for PI/PD	Revised % Credit for PI/PD	
	Unit Total for Investigator                      100%	Unit Total for Investigator                      100%	
	<b>Total Project Credit    100%</b>	<b>Total Project Credit</b>	<b>100</b>

4. Your signature below indicates approval for this request and concurrence with the statements on this form. Endorsements must include PI, Co-PI, administering department/unit(s) of PI and Co-PI(s) and appropriate colleges. PI is responsible for obtaining signatures on lines a), b), and c) before sending to ORA.

a) Principal Investigator(s)/Co-Principal Investigator(s)/Other Project Personnel

Date  
Date  
Date

b) Department Chairperson(s) or Director(s)

Date  
Date  
Date

c) Dean(s)

Date  
Date