

### Academic Scholar Program (ASP) Addendum Form

Complete this form to document any changes to your original ASP research project. Fill in appropriate fields. This information will be used to update your ASP enrollment details.

Submission of the form should include the following:

Completion of relevant fields & Student and faculty mentor signatures

Email the completed form to AMS Records and Registration. [Ams-records@brown.edu](mailto:Ams-records@brown.edu)

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| <b>Student Information:</b>                              |
| First Name: _____ Last Name: _____ Date Submitted: _____ |

#### ASP Project Information:

Faculty Mentor Name: \_\_\_\_\_

Faculty Mentor Email Address: \_\_\_\_\_

#### Original Title of Project:

\_\_\_\_\_

#### Revised Title of Project:

\_\_\_\_\_

**Project Description:** *Describe any alterations to your originally submitted ASP research project.*

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**Project Location:** *Has the location of your project changed?*

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**Project Supervisor:** *Has your Faculty Sponsorship changed? If so, please explain.*

**Project Responsibilities:** *Describe any changes in your role and/or responsibilities.*

**Project Funding:** *Funding Source changes, please describe.*

**Project Analysis:** *Describe the methods of data collection and analysis.*



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**Project Outcomes:** *Describe changes in the expected outcomes.*

**Clinical Work Description:** *Describe any alterations in the clinical work you will be engaged in during ASP.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ASP Faculty Mentor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean for Student Affairs Signature

\_\_\_\_\_  
Date