HUB PROGRAM
TEXAS A&M UNIVERSITY

HSP Modification Form

Project Number:

Project Name:

Company Name:

Date:

☐ Current subcontractor is not performing to my company's standards

☐ Subcontractor listed is no longer in business

☐ University has modified or expanded the scope of work

☐ Other

Provide a brief explanation for modification:

Current Subcontractor	Requested Subcontractor	Subcontracting Opportunity

TAMU &SSC USE ONLY

Date Request Received: _____ ☐ Approved ☐ Not Approved

Notes: _____

_____

_____

_____

Project Manager Signature: _____ Date: _____

HUB Program Signature: _____ Date: _____

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