



Indirect Cost Waiver Request

Date of Request:	
College/Center/Institute:	
Principal Investigator:	
E-mail Address:	
Tenure/Tenure-Track:	Yes <input type="radio"/> or No <input type="radio"/>
	<i>(Used to determine form routing)</i>
Project Title:	
Sponsor:	
Total Estimated Budget:	\$
Indirect Rate Allowed by Sponsor:	%
Indirect Rate Requested:	%

Justification for modification of Indirect Cost Rate not required by sponsor:

<i>Name</i>	
<i>Principal Investigator</i>	<i>Date</i>
<i>Approved:</i>	Yes <input type="radio"/> or No <input type="radio"/>

<i>Name</i>	
<i>Department Head/Director</i>	<i>Date</i>
<i>Approved:</i>	Yes <input type="radio"/> or No <input type="radio"/>

<i>Name</i>	
<i>Dean</i>	<i>Date</i>
<i>Approved:</i>	Yes <input type="radio"/> or No <input type="radio"/>

<i>Name</i>	
<i>EVP for Research & Innovation</i>	<i>Date</i>
<i>Approved:</i>	Yes <input type="radio"/> or No <input type="radio"/>