

Request for Institutional Waiver of Indirect Cost

Principal Investigator _____

Sponsor _____

Project Title _____

Total Amount of Project _____

Amount of Indirect Cost Waived _____

Additional Cost Sharing _____

Check Box Partial Waiver Full Waiver

Principal Investigator's Justification for Indirect Cost Waiver

Requested By _____
PI Department Chair Dean or Director

Date _____

Division of Research Development and Administration

Approved By _____

Date _____