

Office of Research Services
Indirect Cost Waiver Request

Proposal Information

PI Details: <i>Name:</i> <i>Phone:</i> <i>Dept:</i> <i>School:</i>

Funding Agency Details: <i>Agency Indirect Rate Allowed: Base:</i> <i>Total Direct Cost Funds Requested: \$</i> <i>Proposal Due:</i>
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Waiver Information

Indirects Eligible to Charge to Grant: \$
Waiver Requested: \$
Indirects University will Recover if Waiver Granted: \$

Rationale:

Project Description:

Dean's Office Waiver Comments

Supported
 Not Supported

Comments:

Provost's Office Action

Approved
 Disapproved
 Additional Info Requested :

Additional Revision Requested:

Reviewed by: _____ Date: _____