

REQUEST FOR INDIRECT COST REDUCTION OR WAIVER FORM

Date: _____ School/College: _____

Principal Investigator: _____ Department: _____

Project Title: _____

Sponsor Agency: _____ Proposal Due Date: _____

Sponsor's Allowable Indirect Cost Rate: _____

Request (Check One) Full Waiver Rate Reduction to _____ % of Base: _____

Institutional Cost:

Indirect Cost Recovery if Sponsor's Normal Rate is Used: _____

Indirect Cost Recovery if Requested Rate/Waiver is Used: _____

Loss to the Institution: _____

Justification of Reason(s):

PRINCIPAL INVESTIGATOR SIGNATURE: _____ Date: _____

Chair/Director Signature: _____ Date: _____

Dean Signature: _____ Date: _____

APPROVAL VP for Research Signature: _____ Date: _____

DISAPPROVAL