Stanford | MEDICINE

TO: Ruth O'Hara, PhD
Senior Associate Dean of Research

RE: PI Waiver Request – **Conferences, Exhibits, Workshops or Public Events Exception**

Applicant Name, Degree & Job Title:
Department Name:

Sponsor Name:
Sponsor Program:
Proposal Title:

Dr. O'Hara:

We are requesting a PI waiver for Dr. _____ for the above referenced proposal. This event meets the criteria for approval under the Conferences, Exhibits, Workshops or Public Events exception.

Describe the conference, exhibit, workshop or public event that will be attended and why or how it supports the applicant's development.

ALL ATTACHMENTS (listed below) SHOULD BE ATTACHED AS A SINGLE PDF BEFORE SUBMITTING TO ORO.

Do not submit a request packet to Dr. O'Hara directly. After initial review, ORO will process the PI waiver and obtain Dr. O'Hara's final approval and signature.

Signature: _____ Date:
Dr. _____, Division Chief*
**If required by your department*

Signature: _____ Date:
Dr. _____, Department Chair

Department Attachments:
Applicant's Biosketch

ORO Use Only:

Signature: _____ Date:
Dr. Ruth O'Hara, Senior Associate Dean for Research

SeRA PIF, PDRF or SPO# _____