Stanford | MEDICINE

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

RE: PI Waiver Request – **Rare 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. We are requesting approval under the rare exception criteria.

*NOTE: This type of waiver will only be considered in unusual and non-recurring situations that meet a particular need or opportunity for the University. Approval under this exception is extremely rare.*

*Address all criteria outlined in the Research Policy Handbook 2.1 under C. Rare Exceptions Subject to the Approval of the Department Chair, School Dean and the Vice Provost & Dean of Research.*

*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
Project Abstract or Description

***ORO Use Only:***

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

Signature: _____ Date:
David Studdert, Vice Provost & Dean for Research

SeRA PIF, PDRF or SPO# _____