

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 RMG.

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

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

Date:

Signature: _____
Dr. _____, Department Chair

Date:

Department Attachments:

Applicant's Biosketch
Project Abstract or Description

RMG Use Only:

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

Date:

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

Date:

SeRA PIF, PDRF or SPO# _____