

Request for F&A Waiver

PI Name: _____

Department: _____

Sponsor: _____

Due Date: _____

Full Recovery Rate: _____

Full Recovery Dollar Amount: _____

Requested Waived Rate: _____

Waived Recovery Amount: _____

Justification for Waiver Request:

Department Chair / Date

Dean / Date

SPO Review: _____
Jessica Berg (Designee) / Date (RF Assessment % & Amt.)

Approval: _____
Amitra Wall, Interim Provost (or Designee) / Date

OM Approval: _____
Scott Goodman (Designee) / Date