

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: \_\_\_\_\_  
Donna Scuto (Designee) / Date (RF Assessment % & Amt.)

Approval: \_\_\_\_\_  
James Mayrose, Interim Provost (or Designee) / Date

OM Approval: \_\_\_\_\_  
Laurie Barnum (Designee) / Date