

**Facilities and Administrative (Indirect Cost) Waiver Request. Please complete Sections A, B, C, and D.  
Off-Campus Rate Request. Please complete Sections A, B, C, and D.**

**\*\*Note: PI and Department Head/Chair signatures only.**

This request should be submitted as soon as you are aware that an Indirect Cost waiver may be needed for the submission of a sponsored project proposal. Approval is required for all proposals without full indirect costs unless the limitation is stated in the sponsoring agencies RFP, program guidelines or bylaws.

SECTION A	
<b>PLEASE CHECK <u>ALL</u> THOSE THAT APPLY:</b>	
1) Project Location:	On-Campus
2) Project Category:	Research
	Off-Campus (more than 50% work being completed off campus)
	Instruction
	Other
SECTION B	
Cayuse Proposal Number:	Sponsor:
Principal Investigator:	Department:
Proposal Title:	
Total Estimated Budget Amount:	Proposed Indirect Cost Rate: %
Indirect Rate Allowed by Sponsor: %	Total Amount of Waived Indirect Cost: \$
Section C	
Please explain the necessity <u>AND</u> benefit to Rowan University and the State of New Jersey, in waiving the indirect costs. Attach a draft budget and statement of work, if available.	
Section D	
Principal Investigator:	Date:
Department Head/Chair:	Date:
Dean:	Date:
Senior Associate Dean for Research (SOM Only):	Date:
Vice President for Research:	Date:
Provost:	Date:

Please submit completed form via e-mail to:  
Mui Whetstone, Pre-Award Director at [whetstone@rowan.edu](mailto:whetstone@rowan.edu).