

Appendix A: Application for Waiver/Reduction of Overhead

1. Principal Investigator: _____
2. Principal Investigator Department: _____
3. Research Project Title: _____
4. Project/Agreement Number: _____
5. Funding Source(s): _____
6. % of Overhead required under Research Overhead Procedure: _____
7. Proposed Reduced Overhead Rate (if requesting a full waiver, enter nil): _____
8. Justification for Waiving/Reducing Overhead:

Principal Investigator Signature

Date

9. Dean Recommendation:

Note: if recommending waiver/reduction you must set out the exceptional circumstances that justify the waiver/reduction

Dean Signature

Date

****Note – please include a copy of the Research Agreement, along with the scope of work and budget, with this Form.**

10. Approval of Vice-President (Research):

Vice-President (Research) Signature

Date