

**ORSP
F & A Waiver Request**

Type of Request: **Reduced F & A Rate** **Date of Request:** _____
 Full Waiver of F & A

Requestor Last Name: _____ **First Name:** _____

Department/Unit Name: _____

Sponsor Name: _____

Proposed Project Total: _____

Proposed F & A %: _____

Dollar Value of Waiver: _____

(this is the dollar amount of F & A not requested from sponsor)

Proposal Title: _____

Justification/Reason for Request:

Signatures:

Requestor: _____ Date: _____

Printed Name: _____

Sponsored Programs: _____ Date: _____

Printed Name: _____

Dean: _____ Date: _____

Printed Name: _____

Provost: _____

Printed Name: _____ Date: _____

University Controller: _____

Printed name: _____ Date: _____

Please Check Appropriate Box:

Waive Do Not Waive

Waive Do Not Waive

As Provost, I hereby allow you to have a reduced F & A rate.

As Provost, I hereby allow you to completely waive the F & A.