

**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	Off-Campus (more than 50% work being completed off campus)
2) Project Category:	Research	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 (Must provide Signatures)		
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:  
Pre-Award at [preaward@rowan.edu](mailto:preaward@rowan.edu).