TO: Harry Greenberg, MD

 Associate Dean of Research

RE: PI Waiver Request - **Career Development Award Exception**

**Applicant Name, Degree:**

**Position:**

**Department Name:**

**Mentor Name:**

**Sponsor Name:**

**Sponsor Program:**

**Proposal Title:**

Dr. Greenberg:

We are requesting a PI waiver for Dr. \_\_\_\_\_\_\_\_\_\_ for the above referenced proposal. This program meets the criteria for approval under the Career Development Award exception.

*Provide justification that the candidate is exceptional and has the training, experience, preliminary data, and publication track record to indicate that the grant application could be successful.*

Dr. \_\_\_\_\_\_\_\_\_\_ will be conducting this work in existing laboratory space under the direction of his/her faculty mentor named above. Additional incremental space will not be required. The department will provide resources needed for the duration of the award.

We also understand that:

* an applicant may not serve as the advisor to any graduate student or mentor postdocs.
* an award will not be accepted until the PI has a University Academic appointment in place. This applies to

Hospital Residents and Clinical Fellows as well.

* approval of this waiver does not promise the candidate a faculty position.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Dr. \_\_\_\_\_\_\_\_\_\_ Division Chief\*

*\*If required by your department*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Dr. \_\_\_\_\_\_\_\_\_\_, Department Chair

**Department Attachments:**

Applicant’s Biosketch

Program Description

***RMG Use Only:***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Dr. Harry Greenberg, Associate Dean for Research

CONTINGENT APPROVAL [ ]

SeRA PIF, PDRF or SPO# \_\_\_\_\_\_\_\_\_\_\_\_