TO: Harry Greenberg, MD

 Associate Dean of Research

RE: PI Waiver Request – **Rare Exception**

**Applicant Name, Degree & Job Title:**

**Department Name:**

**Sponsor Name:**

**Sponsor Program:**

**Proposal Title:**

Dr. Greenberg:

We are requesting a PI waiver for Dr. \_\_\_\_\_\_\_\_\_\_ for the above referenced proposal. We are requesting approval under the rare exception criteria.

*NOTE: This type of waiver will only be considered in unusual and non-recurring situations that meet a particular need or opportunity for the University. Approval under this exception is extremely rare.*

*Address all criteria outlined in the* [*Research Policy Handbook 2.1*](https://doresearch.stanford.edu/policies/research-policy-handbook/principal-investigatorship/principal-investigator-eligibility-and-criteria-exceptions) *under C. Rare Exeptions Subject to the Approval of the Department Chair, School Dean and the Vice Provost & Dean of Research*

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

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

*\*If required by your department*

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

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

**Department Attachments:**

Applicant’s Biosketch

Project Abstract or Description

***RMG Use Only:***

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

Dr. Ruth O’Hara, Senior Associate Dean for Research

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

Dr. Kathryn Ann Moler, Vice Provost & Dean for Research

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