



Office of Research Compliance and Administration Indirect Cost Waiver Approval Form

Principal Investigator: _____

Project Title: _____

Sponsor: _____

All sponsored project applications must request indirect costs at the University established rates or secure a waiver from the established rate.

*** The indirect cost rates based on modified total direct costs are shown below:**

	<u>DU</u>	<u>DUCOM</u>
Research on campus	50%	50%
Research off campus	26%	26%

*** The indirect cost rates based on total direct costs are shown below:**

	<u>DU</u>	<u>DUCOM</u>
Industry sponsored clinical trials	26%	26%

We accept the sponsors published restrictions for indirect cost recovery.

In the space below, provide the rationale for waiving the established indirect rate. If the sponsor restricts indirect rate recovery, attach the sponsors written policy. If the sponsor does not restrict indirect cost recovery, provide the reason for requesting the waiver of the established indirect rate. Submit the completed application to the Office of Research (3201 Arch Street, Suite 100) with the Sponsored Project Application Package.

Do Not Submit Form Unless Indirect Cost Waiver is Requested

Signatures:

Principal Investigator: _____ Date: _____

Department Head: _____ Date: _____

Dean/School Director: _____ Date: _____

Office of Research: _____ Date: _____