

# Request for Institutional Waiver of Indirect Cost

Project Director

Sponsor

Project Title

Total Amount of Project

Amount of Indirect Cost Waived

Additional Cost Sharing

Check Box  Partial Waiver  Full Waiver

Project Director's Justification for Indirect Cost Waiver:

Approved By: \_\_\_\_\_

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

For Dearborn Campus \_\_\_\_\_

Drew B. Buchanan, Director, DBN Research

Project Representative Comments

Approved By: \_\_\_\_\_

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