TO: Director, Office of Sponsored Programs

FROM:      , Candidate to serve as PI or co-PI

DATE:

SUBJECT: Request to waive PI eligibility policy

Your consideration of this request to waive Syracuse University’s PI eligibility policy is requested. I ask to serve as PI or Co-PI on the following application:

|  |
| --- |
| Project Title:       |
| Sponsor/source of funding:       |
| Administering Dept. or Center:       | Proposal Due Date:       |
| Other SU Faculty serving as PI or Co-PI:       |
| Email address for notification of approval:       |

**Rationale**

The rationale for my serving in this role is:      .

[ ]  My current curriculum vita is attached.

[ ]  My Annual Conflict of Interest (COI) is current.

**Experience**

[ ]  I have prior experience as a PI.

[ ]  I do not have prior experience as a PI.

* Recognizing that responsible management of sponsored projects is a learned skill, my college/school or unit will ensure that I will be mentored in the technical, administrative and financial management duties of a PI/PD by the following individuals:      .
* Specific details of our mentoring plan include (add additional sheets as necessary):

**PI/Co-PI Candidate Signature Date Please print name**

**College/School or Unit support to be provided:**

[ ]  We confirm that the appropriate administrative and fiscal support staff and services will be available to support this individual.

[ ]  We will ensure that these support personnel regularly attend OSP Coffee Breaks to ensure that they are also properly trained and aware of the evolving requirements for sponsored programs administration.

[ ]  We understand that this request is specific to the above referenced application and complete requests to serve as a PI or Co-PI on other applications will be forwarded to the Vice President for Research for final determination.

Faculty Sponsor/MentorDate Please print name

Department Chair/Center DirectorDate Please print name

College Dean/Unit HeadDate Please print name

**APPROVAL:**

Director - OSP Date

VP for Research Date

NOTE: To facilitate review and approvals, those signing this form may also forward it as an attachment from their own SU email accounts to the next individual using the following chain-mail procedure:
1.  Type your name and date in the appropriate space on the form attached to this email

2. Attach revised form to email.  In body of email, indicate:
"I have read, acknowledge and certify all items presented on the attached Request to waive PI eligibility policy form applicable to my role as <role>."

The Dean or Unit head (or their designee with clear rights to the dean / unit head’s email account) should forward this form to staub@syr.edu.