**Office of Sponsored Programs**

**Request for Exception to Policy on Principal Investigator (PI) Eligibility**

| Applicant Name: | | | |
| --- | --- | --- | --- |
| Position Title: | | Department: | College/Division: |
| Phone: | Email: | | Mail Stop: |
| Sponsoring Agency: | | | |
| Proposal Number & Title: | | | |
| Type of Exception: ☐ This Proposal Only **OR** ☐ Blanket Exception | | | |

| **Justification for Exception to Policy:** |
| --- |
|  |

***Important Note:*** *Manual signatures are* ***not*** *required when using the* [*OSP Proposal & Award Acceptance Workflow*](http://research.boisestate.edu/osp/frevvo-user-guide/) *(the “Proposal Workflow”). When signing in the Proposal Workflow, the parties make the assertions indicated below.*

**Exception to Policy Approval:**

I understand that approval of this exception to policy does not imply that the University will extend or increase my current appointment period, nor does it obligate the University to do so.

**Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

The Department Chair and Dean verify that they understand and agree to assume full responsibility for the actions of the above individual in her/his capacity as Principal Investigator.

**Signature of Department Chair:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

**Signature of Dean:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

**Division of Research Approva****l:**

**Vice President for Research and Economic Development**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_ ☐ Approved ☐ Not Approved