

# Sponsored Programs

OFFICE OF RESEARCH, University of California, Davis



Deliver, mail, e-mail, or fax this form to: Sponsored Programs, 1850 Research Park Drive, Suite 300, University of California, Davis, CA 95618; fax # 530-754-8229; e-mail: [Proposals@ucdavis.edu](mailto:Proposals@ucdavis.edu)

## REQUEST FOR EXCEPTION TO POLICY ON ELIGIBILITY TO SUBMIT PROPOSALS

Name: \_\_\_\_\_  
 Department: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Payroll title: \_\_\_\_\_ Student:  Yes  No  
 Title of Proposal: \_\_\_\_\_

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

If the applicant is a student or a postdoctoral fellow, in addition to the approval of the Department Chair, noted below, signature of an Academic Senate member who will have overall responsibility for the project or program is required.

I, \_\_\_\_\_, accept overall responsibility for the project or program.  
(Please print your name)

\_\_\_\_\_  
 Signature of Academic Senate Member, if applicable Date

**Approval, and Verification of the Department Chair (or ORU Director)**, by signing below, Department Chair (or ORU Director) verifies that (a) approval of this request is in the best interest of the University, and (b) space and facilities can be assigned to this project without detriment to the regular instructional and research responsibilities of the University, and (c) the Chair is aware, and understands, that in the event that the proposed PI for any reason may not be able to complete the project, the Department Chair shall be responsible for appointing a qualified PI to complete the project.

I, \_\_\_\_\_, Chair of Department (or ORU Director) \_\_\_\_\_ agree with and accept the above conditions.

\_\_\_\_\_  
 Signature (Department, or ORU Director) Date

=====

**OTHER APPROVALS:**

\_\_\_\_\_  
 Signature of Dean/Vice Chancellor (if applicable - **Schools of Medicine** and **Veterinary Medicine**) Date

\_\_\_\_\_  
 Ahmad Hakim-Elahi, Executive Director Date

Approved, **Proposal Specific Exception**  
 Not Approved

**Note:** For applicants other than student and postdoctoral fellow, this exception may be in effect until the end of the second full fiscal year following its approval.

Approved, Multiple, through \_\_\_\_\_  
 Executive Director's Initials \_\_\_\_\_