

Sponsored Programs

OFFICE OF RESEARCH, University of California, Davis



Submit this form in an Internal Processing Form in Cayuse SP (<http://ucdavis.cayuse424.com>) if associated with a new proposal or if directed by SPO. Otherwise, email this form to proposals@ucdavis.edu.

REQUEST FOR EXCEPTION TO POLICY ON ELIGIBILITY TO UNDERTAKE SPONSORED RESEARCH/OTHER SPONSORED ACTIVITY

Applicant's Name: _____

Department: _____ Telephone: _____

Payroll title: _____ Student: Yes No

Title of Proposal: _____

This checkmark confirms that I will obtain necessary access in [Aggie Enterprise](#) for this project:

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, 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 either authorizing the Internal Processing form or by signing below the 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), of _____ agree with and accept the above conditions.

*Signature of Department Chair (or ORU Director) Date

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OTHER APPROVAL:

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

Denise Ehlen, Executive Associate Vice
Chancellor for Research Date

Approved, **Proposal Specific Exception**
Not Approved

Note: For applicants **other than students and postdoctoral fellows**, this exception **may** be in effect until the end of the second full fiscal year following its approval. Approved, Multiple, through _____
Director's Initials _____