

EPSCoR CERE – UH HILO
SDAL Fee Waiver Request

Please attach this form to the registration form.

A separate request must be filled out for each project/course/activity

This request is to ___ Delay payment until funds become available.
 ___ Waive fees altogether

Dollar amount of request \$ _____ Date of request _____

IF REQUESTING A DELAY

When funds will become available?
Please provide a brief explanation.

The department/program chair (educational use), principal investigator/lead researcher (research use) or other responsible party (internship programs) must sign this request, thereby verifying that the above information is accurate.

Signature of responsible party

Printed name/position

IF REQUESTING A WAIVER

- Please fill out and sign the appropriate section on the next page.
- By signing, the applicant requests consideration for a fee waiver and declares that the request is based on a legitimate financial hardship and that the information in this form is accurate. Applicants with pending proposals agree, by signing, that they will begin paying fees in the event that the grant is funded.
- The EPSCoR-CERE-UHH SDAL fee waiver awards are meant to help University of Hawaii departments and/or colleges or University of Hawaii researchers overcome temporary financial circumstances that would otherwise derail the program/project's immediate CERE education/research.

For Credit Instruction / Internship Program / graduate students not on sponsored projects

Name of UH department\ program, or name of internship program _____

Briefly explain the financial need.

Please indicate the amount of the requested fee waiver expressed as a percentage of the department/program's annual budget (or as a percentage of the budget of the internship program). _____ %

Signature of Department/program Chair
or responsible party for internship program

Printed name

Faculty / Staff Research

Name of principal investigator / lead researcher: _____
Brief explanation of the financial need:

Funding status: check one

unfunded

unfunded because grant has expired.

currently funded: List funding agency _____
amount awarded for this year \$ _____

unfunded but proposal has been submitted.

List amount put into budget for SDAL usage fees \$ _____

Signature of PI / lead researcher

Printed name