

**TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER EL PASO
REQUEST FOR EXCEPTION TO REQUIREMENTS FOR PI STATUS**

INDIVIDUAL REQUESTING EXCEPTION

Name: _____

HSCEP Job Title: _____ % FTE (on file with HR) _____

Department: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Provide a separate one-page attachment outlining the reason for the request and a description of the project, program or grant proposal. Also attach a current CV showing qualifications to conduct the proposed research.

APPROVALS

Department Chair/Supervisor (if applicable):

By signing below, I certify that TTUHSC El Paso time and resources are available for the conduct of this research.

Name: _____ Title: _____

Signature: _____ Date: _____

VP Research (required):

Name: _____

Signature: _____ Date: _____