**APPEAL OF DECISION FORM/HUMAN SUBJECTS REVIEW**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*THIS FORM MUST BE TYPED\****

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Date: |       |
| Title of Proposal: |       |
|  |  |  | Original Decision:  |  |  |  |
| Original Decision Date: |       |  | Approved with Changes | [ ]  | Disapproved | [ ]  |

I am appealing the human subjects review decision rendered on the proposal described above on the date noted above. I am requesting that the decision be changed from:

Disapproved to Approved [ ]  Approved with Changes to Approved without Changes [ ]

Indicate below why you are requesting this change:

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| --- |
|       |

SIGNATURES:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Researcher |  | Date |
|  |  |  |
| Department Chair (if Yavapai College faculty member) |  | Date |
|  |  |  |
| Faculty Advisor (if thesis or dissertation research) |  | Date |

Do not write below this line.

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|  |
| This appeal is: |
| [ ]  | Accepted |
| [ ]  | Decision is changed to: Approved without Changes |
| [ ]  | Denied |
| SIGNATURE: |  |  |  |
|  | Vice President | Date |
|  |  |  |

Please return to:

Director, Office of Institutional Research