**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:

|  |
| --- |
|  |

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