

Request for Appeal

Title of Project:

Contact Information for Principal Investigator

Name:

Email Address:

Phone Number:

The purpose of this appeal is to request reconsideration of the Board decision to disapprove the project referenced above.

I understand that I may submit three pages of information to make my case as to why my project should receive Board approval.

(Attach up to three pages of justification.)

Signature of Principal Investigator

Date

Signature of Faculty Advisor (if Principal Investigator is a student)

Date