**Non-Clinical Research Ethics**

**Appeal Against a Decision Made by the University Research Ethics Committee (UREC)**

|  |  |
| --- | --- |
| Name of Applicant |  |
| School |  |
| University e-mail Address |  |
| Title of Project |  |
| Co-Investigators (with internal School or external organisational affiliation) |  |
| Projected Start Date |  |
| Estimated End Date |  |
| Funder (if applicable) |  |

**1. Applicant Details**

|  |
| --- |
| **Students Only** |
| Name of Supervisor |  |
| Degree (e.g. BA, BSc, MA, MSc, MPhil, PhD) |  |

**2. Details of Application and Grounds for Appeal**

|  |  |
| --- | --- |
| Application Reference Number |  |
| Final Version of Application Considered (1, 2, 3…) |  |
| Date of UREC Decision |  |
| Reason for Appeal (select one or more grounds)[[1]](#footnote-1) |  |
| Documentary Evidence (detail and attach documents) |  |

**3. Declaration**

By signing below I declare that I have read the Non-Clinical Research Ethics Appeals Procedure and that the grounds for my appeal comply with those listed in section A of that document.

**Principal Investigator or Student**

Name: Date:

Signature:

**Supervisor (if applicable)**

Name: Date:

Signature:

1. Refer to Procedure for Appealing Against a Decision Made by UREC. [↑](#footnote-ref-1)