|  |
| --- |
| **FORM 2.10 SUMMARY OF RECOMMENDATIONS** |

For the WVSU-URERC Secretariat

|  |  |  |  |
| --- | --- | --- | --- |
| **WVSU-URERC Protocol Number** |  | **Date of Initial Submission** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Review Number** | \_\_\_ 1st \_\_\_ 2nd \_\_\_ 3rd \_\_\_ 4th | **Initial Review Date** |  |

For the Principal Investigator/Researcher

|  |  |
| --- | --- |
| **Title** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal Investigator/ Researcher** |  | **Contact Number** |  |

| **Reviewer**  | **Recommended Revisions** | **Indicate Yes, if revised; No if not**  | **If No, State Reason(s)** | **If Yes, Indicate Section & Page** |
| --- | --- | --- | --- | --- |
|  | 1.2. |  |  |  |
|  | 1.2. |  |  |  |
|  | 1.2. |  |  |  |

For the Reviewer

|  |  |
| --- | --- |
| **Recommendation (Please check)** | **Justification for Recommendation** |
| \_\_\_\_\_ Approved |  |
| \_\_\_\_\_ For Minor Revision |
| \_\_\_\_\_ For Major Revision |
| \_\_\_\_\_ Disapproved |
| \_\_\_\_\_ Pending; requires clarifications before arriving at a decision |

Reviewer’s Signature over Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_