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| **FORM 2.10 SUMMARY OF RECOMMENDATIONS** |

For the WVSU-URERC Secretariat

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

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

For the Principal Investigator/Researcher

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| **Title** |  |

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

| **Reviewer** | **Recommended Revisions** | **Indicate YES, if recommendation was complied with; NO, if not** | **If YES, indicate action taken. If NO, indicate reason** | **If YES, Indicate Section & Page** |
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For the Reviewer

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_