



University of Fort Hare
Together in Excellence

Health Research Ethics Committee

Appeal Form

1 Appellant

Name	
Identity Number	
Postal Address	
Residential Address	
Telephone	
Fax	
Email	

2 Nature of the Appeal

Please provide comprehensive details of the appeal with supporting documentation. Use additional pages if necessary.

I hereby declare that the above submission is accurate and true to the best of my knowledge.

Full Name:

(Please print)

Signature:

Date: