

**STANFORD UNIVERSITY**  
**Request For Review**  
**Advisory Panel on Investment Responsibility - APIR**

<b>TO BE COMPLETED BY APIR</b>		
APIR Preliminary Reviewers (1) _____	(2) _____	Date _____
Recommend Full APIR Review	Yes _____ No _____	Revise & Resubmit _____ Reason _____
Requestor Notification Date _____	Reason: _____	

**SUMMARY**

Date of Submission: \_\_\_\_\_  
Requestor's Name: \_\_\_\_\_  
Contact Information: \_\_\_\_\_ (phone) \_\_\_\_\_  
University Affiliation: \_\_\_\_\_ (year) \_\_\_\_\_ (Subject/Dept) \_\_\_\_\_

Specific (Target)/Subject of Review: \_\_\_\_\_

Core Social Issue Category: (see Core Issue & Sub-Issue Category Reference Table)

- |   |  |
|---|--|
| <input type="checkbox"/> Corporate Governance | <input type="checkbox"/> Diversity/Non-Discrimination                |
| <input type="checkbox"/> Environment          | <input type="checkbox"/> Human Rights                                |
| <input type="checkbox"/> Labor Related        | <input type="checkbox"/> Miscellaneous - Identify Subcategory: _____ |
| <input type="checkbox"/> Tobacco              |  |

Sub-Issue Category: \_\_\_\_\_

**Allegation of Substantial Social Injury:** (see Preamble to Statement on Investment Responsibility for definition of "substantial social injury")

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**Brief Background Summary:** (Please include additional details as attachments)

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**Your Position:**

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**What Action(s) Would You Like to Recommend to the APIR & Why:**

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\_\_\_ **Disinvestment & if so Why:** \_\_\_\_\_.

\_\_\_ **Divestment & if so Why:** \_\_\_\_\_.

\_\_\_ **Other Action & if so What Form:** \_\_\_\_\_.

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