

Request to Use Psychology Participant Pool

Attach a copy of your HERB approval letter.

Name of Investigator: _____

Name of Faculty Sponsor (if different from above): _____

Department _____

Phone _____

Name(s) of Additional Investigator(s)

Title of Study (Note that this will be seen by prospective participants. It should be relevant to your study, but it should not state your hypothesis or reveal information that might influence how participants react.):

1) How many sessions will each participant attend to complete your study?

1 2 3 Other (please explain) _____

2) What will be the duration of each session?

0-30 min. 31-60 min. 61-90 min. Longer than 90 min.

If different sessions will differ in duration, please explain:

3) Please suggest a simple title for your project.

4) How many participants would you like for your study?

_____ Minimum required to complete study

_____ Maximum desired

5) Do you want to select participants based on responses to prescreening questions (sex, age, height, weight, year in school, right handed or left handed, normal or corrected vision, romantic relationship status, religious affiliation, race/ethnicity, college athletics, residential status, size of hometown)?

No Yes, based on _____

By signing below, I acknowledge that I have read and understand all the rules and guidelines for using the Psychology Participant Pool based on the information provided in the Step-by-Step Guide to Using the Psychology Participant Pool and I agree to comply with all these rules.

Signature