

**REQUEST TO UTILIZE THE SCHOOL OF PSYCHOLOGICAL SCIENCES
PARTICIPANT POOL**

Title of Project:

Name and email address of principal investigator:

Please list the names and email addresses of others who will have direct contact with participant(s):

Name, department, and email of faculty research advisor (if appropriate):

Type of research involvement: (check one)

_____ Faculty Research	_____ Independent Study
_____ Doctoral Dissertation	_____ Course Requirement
_____ Master's Research	_____ Honor's Thesis
_____ Other (describe):	

Number of participants requested: _____

Amount of time involvement per participant: _____

Proposed beginning and ending dates: _____

Principal Investigator(s) _____ Date _____

Faculty Sponsor (if student research) _____ Date _____

I hereby approve of the use of the School of Psychological Science's Participant Pool for the project described on this form.

School of Psychological Sciences Participant Pool Coordinator _____ Date _____