

Extra Credit Participant Pool Participation Form
(Items marked with a * must be completed by the investigator)

Your name: _____

Name of class you want extra credit in: _____

* Title of study: _____

* Name of Investigator: _____

* Email of Investigator: _____

* Investigator is a (circle one): Research Methods student Senior Thesis student

Other (please explain) _____

* Signature of Investigator (please sign in colored pen): _____

* Date of participation: _____

* Approximate length of time of participation: _____

Brief description (at least two sentences) of what you did to participate and what was the purpose of the study: