

PSYCHOLOGY STUDENT EXPERIENTIAL LEARNING LAB COVER SHEET

Research Project Number: See Barbara Brown for this after **Semester:** Current
your project has IRB approval, faculty approval, and you
have determined the location and times.

Research Project Title: Use a short, descriptive title. Do not reveal too much information about your
IV and DV in cases where that would contaminate participants.

Faculty Sponsor: Name of the faculty researcher or faculty sponsor of student research.

Student Researchers: Participants should know who is running the project and whom they can
contact with questions.

Brief Description: Provide a concise description with enough detail and accuracy so that participants
know what they are signing up for, but not so much that they know too much about the experiment to be
naïve participants. This information is available on the consent form, though often in greater detail than
you will want to state here.

Amount of Time Required: Your best guess. Pilot the study if needed to get a good estimate.

PSELL Credits: 0 to 30 min = .5 credit. 31 to 60 min = 1 credit. For very long experiments or
multiple-session studies, there may be variations. Consult with the faculty sponsor in these cases.

Participant Restrictions: Do participants need certain skills or characteristics? Are certain people
excluded? Note that here. Examples: "Men only." "First-year students only." "Native English speakers."
"You may participate in this study only once." If certain students are excluded based on their past
participation in this or a similar study, provide a list of names here, or refer to an attached list of names.

Location: Clearly identify the room or location.

*****If you are interested in participating in this study, but the scheduled times
conflict with other obligations, please contact the following person:** If you have time and
flexibility to test participants at times other than those listed, give a contact person's name here. If other
testing times are out of the question, say "Sorry, no other times can be arranged." We routinely hear from
students that they want to participate in experiments, but none of the posted times works for their schedule.

PSYCHOLOGY STUDENT EXPERIENTIAL LEARNING LAB SIGN UP SHEET

Research Project Number: Copy from cover sheet **Semester:** Copy from cover sheet.

Research Project Title: Copy from cover sheet

↑ **This same header should appear at the top of all of your sign-up sheets.** ↑

Students: Make sure you meet the restrictions listed on the cover sheet and then sign up by placing your name in the box below. Be sure to note the day, time, and room. Please cross your name off if you cannot attend.

Date	Day	Time	Room	Participant Name (please print legibly)	E-mail
Date 1	Day1	Time1	Room	<i>Participant writes name</i>	<i>P writes email</i>
Date 1	Day1	Time1	Room		
Date 1	Day1	Time1	Room		
Date 1	Day1	Time1	Room		
Date 1	Day1	Time1	Room		
Date 1	Day1	Time1	Room	(Clearly delineate different experiment times ↓)	
Date 2	Day2	Time2	Room		
Date 2	Day2	Time2	Room		
Date 2	Day2	Time2	Room		
Date 2	Day2	Time2	Room		
Date 2	Day2	Time2	Room		
Date 2	Day2	Time2	Room		
Date 2	Day2	Time2	Room	(Cross out any unneeded sign-up spaces ↓)	
XXX	XX	XXX	XXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
XXX	XX	XXX	XXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX