

STUDENT CONFIRMATION OF PARTICIPATION FORM

Student Record of Experiment Participation

(to be completed by the experimenter following the experiment/study)

Experiment ID# _____

Student First Name _____

Student Last Name _____

Experiment Title _____

Date of Experiment _____

Time of Experiment _____

The above named student participated in the said experiment for academic credit and received:

0.5 hour

1 hour

1.5 hours

2 hours

2.5 hours

3 hours

Experimenter Information

(information must be completed and signed by experimenter)

First Name _____

Last Name _____

Contact Number _____

Email Address _____

Lab Affiliation _____

Date _____

Signature _____

ATTENTION PSYCHOLOGY PARTICIPANT

Keep this form as proof of your participation in this experiment. If you do not receive credit for your participation by the end of the term, please bring this form to:

Jodie Stewart in the Psychology Office Room 4098, Deerfield Hall

Note: We will post hour equivalents to Quercus by the end of term. Check the PSYCHED applications for record of hours