

Submission Date

## Research Methods RP Pool Acquisition Form

(Please visit <http://www.claremontmckenna.edu/psych/research.php> for more other procedures)

Faculty Supervisor \_\_\_\_\_

Semester & Year: \_\_\_\_\_

Investigator's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Experiment Title: \_\_\_\_\_

Location at which to conduct the study: \_\_\_\_\_

How long will each experimental session last (in minutes): \_\_\_\_\_

Does your study have any restrictions for participation? If so, please describe them below: \_\_\_\_\_

How many times may students participate in your study (e.g., 2 = two-part study)? \_\_\_\_\_

If participants need to return to complete the study, indicate how long each return session lasts (in minutes): \_\_\_\_\_

Describe the nature of the experiment. Please make sure to clearly state any foreseen risks involved in participating. \_\_\_\_\_

**After completing this form, please print *two* copies. Keep one copy for your personal records and submit one to your Research Methods Professor. Then email the form to Patrice Tonnis [ptonnis@cmc.edu](mailto:ptonnis@cmc.edu) in Frazee. We will send your account information once your study request is evaluated and your information is approved. Please contact [researchCMC@gmail.com](mailto:researchCMC@gmail.com) if you have any questions.**