

**Study Title:**

**Study Description:**

**Restrictions:**

**Date:** / /

**Time:**

**Place:**

**Expected Length of Session:** \_\_\_\_\_ hour(s), \_\_\_\_\_ min(s)

**Faculty Researcher/Advisor(s):**

**Email:**

**Student Researcher(s):**

**Email:**

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**Sign-up Slots (PLEASE PRINT NEATLY):**

Name	UWEC Email Address	Psyc Instructor
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
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