University of North Texas Department of Psychology
Research Participation Pool

Participant Pool Application Form

Researcher Name(s) ________________________________

Current Phone number: ______________________________
Current e-mail: ________________________________
Faculty Supervisor: ________________________________

Semester: ____________________

Research Pool Study Name:

________________________________________________________________________

IRB approval number: ____________________
IRB Expiration Date: ____________________

Previous RP #: ____________________

Number of participants needed (approximately): ____________________

Duration of research participation: ____________________

Is this a multiple session study? YES NO