REQUEST TO ACCESS MOS RESEARCH PARTICIPANTS

1. Ethics Protocol Review Number: ______________________

2. Name and Position of Investigator(s):
   ________________________________________________
   ________________________________________________
   ________________________________________________

3. Title of Study:
   ________________________________________________

4. Type of Study (circle one): ONLINE       LAB

5. Number of participants requested: ______________

6. Approximate amount of time study will take participants: ______________

7. If your research extends over more than one day, please explain:
   ________________________________________________
   ________________________________________________

8. Desired start date of study: ______________

9. Explain any special circumstances: (e.g., deadlines for student graduation, manuscript revisions, etc.)
   ________________________________________________
   ________________________________________________

10. Speed code (charge of $2/participant, transferred by Gloria Dawson): ____________

__________________________________________   ______________
Researcher Signature                     Date

Give this completed form to Jennifer Robertson (Chair, Research Participation Committee) at the main DAN MOS Office (SSC 4330), or email as an attachment to Jennifer Robertson at jennifer.robertson@uwo.ca.