

Course Credit Form for [*print your name*]: _____

Year: _____

[1 or 2]

Each cell below represents 15 minutes of time spent by you participating in faculty research. When you have completed an experiment, ask the researcher to sign and print their name, and enter the date, in the relevant number of boxes (e.g. if it is a 15 minute experiment, they will sign *one* box; if it is an hour experiment, they will sign *four* boxes). ALL boxes must be completed for you to obtain your course credit. **Keep this document safe: you will need to hand it in to Pennie Ingram (Psychology Office, Pev 1, 1B2) as soon as it is complete. Please consult Study Direct for the deadline to hand in this form.**

Date of Experiment: <input type="text"/> Researcher's Name (PRINT): <input type="text"/> Researcher's Signature: <input type="text"/>	Date of Experiment: <input type="text"/> Researcher's Name (PRINT): <input type="text"/> Researcher's Signature: <input type="text"/>	Date of Experiment: <input type="text"/> Researcher's Name (PRINT): <input type="text"/> Researcher's Signature: <input type="text"/>	Date of Experiment: <input type="text"/> Researcher's Name (PRINT): <input type="text"/> Researcher's Signature: <input type="text"/>
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