

## RESEARCH PARTICIPATION RECORD

Student Name: \_\_\_\_\_ Person Number: \_\_\_\_\_

Instructor/Course/Section: \_\_\_\_\_

Each time you sign up for an experiment record all of the following information. Bring this sheet with you when you participate in an experiment. When the experiment is over, **have the experimenter sign and date this sheet**. Keep this sheet for your own records. If it disagrees with your credit balance listed on the RPG Web page [www.experimetrix.com/ub](http://www.experimetrix.com/ub), contact Ivy Liu, Research Participant Group Coordinator at [psyrpg@buffalo.edu](mailto:psyrpg@buffalo.edu) or at 645-3650, ext. 392 as soon as possible (and BEFORE the end of the semester).

**EXPERIMENT NUMBER** \_\_\_\_\_

Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Address \_\_\_\_\_ Room \_\_\_\_\_

Experimenter's Signature \_\_\_\_\_ Date \_\_\_\_\_

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