

**La Sierra University ▲ Department of Psychology
Experimenter Notification Form**

Title of Experiment:

Experimenter:

Faculty Sponsor:

Research Coordinator Use Only

Research Coordinator/Psychology Faculty Action:

Approved for _____ Quarter, 20____. *Please note that authorization to use the department research participant pool is required each quarter. Your study number is ____ - ____.* This number must appear on all forms and information pertaining to your study. You are approved with the following restrictions:

- None
- Other:

Disapproved for the following reasons:

Additional information needed:

Research Coordinator Signature