



FACULTY CREDIT ALLOCATION

PSYCHOLOGY RESEARCH AREA

Faculty Member (PI):

Name: _____ Phone: _____ CSUN Email: _____

STUDY INFO

*Each credit is a portion of 10 minutes. (Ex. A 3 credit study is 30 minutes or less.)

Study Title	Researchers involved	Research Type / IRB Info	Credits / Priority
		_____ _____	_____ _____
		_____ _____	_____ _____
		_____ _____	_____ _____
		_____ _____	_____ _____
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Total Credits Requested: _____

Faculty Signature