



FACULTY RESEARCH APPROVAL FORM

R.A.F. FOR FACULTY

Faculty Member:

Name: _____ Phone: _____ Email: _____

Sona Systems Study Contact: (The person who will be answering emails and crediting participants in Sona Systems)

Name: _____ Phone: _____ Email: _____

Other Researchers: (Names only)

THE EXPERIMENT

Study Title: “ _____ ”

Time Per Participant: (in minutes) _____ **# of Participants:** _____

Prescreen Restrictions and/or Requirements: (Gender, Nationality, Vision, Hearing, etc...)

Brief Description of Study (for Research Area records and information):

I attest that the above information is correct and this study is ready for approval by the Research Area.

Faculty Signature

**A COPY OF YOUR GRANTED IRB APPROVAL
MUST ACCOMPANY THIS FORM**