

Debriefing Package

Part I: General Information:

Title of Experiment: _____
Name(s) of Experimenter(s): _____ Name of Supervisor: _____
Phone or email where students can contact the Experimenter(s): _____
Room number and specific location of experiment: _____
This experiment is conducted in session(s) and is worth a total of experimental credit(s).

Part II: Student's Own Record of Experiment Participation:

(To be filled in by the Experimenter *following* the experiment)

PSY 100 Student's Name: _____ Student Number: _____
last, first
Experimenter's Name: _____ Experimenter's Signature: _____
Date: _____ The above named student received credit(s) for participating in this experiment.

ATTN. PSY 100 STUDENT:

Keep this form as proof of your participation in this experiment.
If you do not receive credit for your participation within 2 WEEKS of participation, please bring the form, with contact information to:

Shannon Halliwell-MacDonald, Sidney Smith room 4020

Contact Information for Experiment Credit Check

Student's Name _____

Student Number _____

Email Address _____

Phone Number _____