

FACULTY RESEARCH ALLOCATION AND APPROVAL FORM

Semester/Year: _____

Faculty Member (P.I.) Name: _____

P.I. Sona-associated Email: _____

Researcher Name(s): _____

Researcher Sona-associated (CSUN or lab) Email(s): _____

Total Credits Requested for the Semester:

Study Name/Number	IRB Number	IRB Approval Status	Expected Launch Date	Minutes <small>(10 min. study = 1 credit)</small>	Number of Participants	Total Credits	Prescreen Restrictions <small>(N/A if none)</small>	Student Thesis Project? <small>(Y/N)</small>

Question(s) or Scale(s) Needed to be Added to or Deleted from Prescreen/Pre-Study (Mass Testing):	Type of Question: (multiple choice, open ended, etc.)	Answer choices (if applicable):	Sona Prescreen or Pre-Study (Mass Testing)?