# **FACULTY RESEARCH ALLOCATION AND APPROVAL FORM**

## ***Spring 2022***

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| **Faculty Member (P.I.) Name**: |  |
| P.I. Sona-associated Email: |  |
|  |  |
| **Researcher Name(s):** |  |
| Researcher Sona-associated (CSUN or lab) Email(s): |  |

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| ***Total Credits Requested for the Semester:*** |  |

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