

Psychology Experiment Ethics Approval Form

Project Information

Project Title

Principal Investigator Name

Affiliation / Department

Email Address

Co-Investigators (if any)

Experiment Details

Purpose of the Study

Brief Description of Methodology

Participant Population

Number of Participants

Recruitment Method

Duration of Participation

Ethical Considerations

Potential Risks to Participants

Measures to Minimize Risks

Will informed consent be obtained?

Confidentiality and Data Protection

Additional Information

Funding Source (if any)

Start Date

End Date

Any Additional Comments

