

**Human Participant Pool  
Study Registration Form**

Title of Project:	
Brief Description:	
Principal Investigator(s):	
Research Assistants (names and email addresses):	
IRB #:	
IRB Approval Date:	
Research Credit (e.g., ½ hour, 1 hour):	
Estimated # of Participants:	

Please attach a copy of your IRB approval letter to this form.