CREDIT REQUEST FORM
Department of Psychological Sciences, Human Research Committee

This form specifies the number of CREDITS you need. Further, the information requested is used by the Committee Clerk and Dept HSC in the management and administration of the Psych 1000 Subject Pool Website, as well as to direct "lost" participants to their research appointments. Please complete this form in its entirety as best you can

PROJECT TITLE ____Effects of Moral Conviction and Belief Change_____

Check one:

_____ **Request for Renewal** _____X_____ **New Application**

*****note: if renewal, please be sure the project title (and dept number) is <u>THE EXACT SAME ONE</u> as that used in the prior semester (so can match the two together & use the same study information that has already been set up on the website. *****

Experiment Number (if previously assigned): _____ **University IRB Project Number: IRB #2100125**

Check one: University IRB approved___ **IRB Approval Pending __X_ Date Submitted: 1/16/24**
Planned Submission Date: _____

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PRIMARY INVESTIGATOR Sean X Duan___ EMAIL _sxdff5@mail.missouri.edu_____PHONE 816-945-7533

FACULTY SPONSOR __Victoria A Shaffer__ EMAIL __shafferv@mail.missouri.edu__PHONE_____

***C**

REDIT REQUEST INFORMATION:

A.   Total Number of half-hours per subject _1_____

B.   Total Number of individual subjects needed _100_____

C.   **TOTAL NUMBER OF CREDITS NEEDED (A X B = C)** __100_____

1 CREDIT = HALF-HOUR PARTICIPATION

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SUBJECT SIGN-UP INFORMATION: __X___ Webpage _____ Recruited by telephone _____ Both Methods

SELECT STUDY TYPE (check one):

☐   **Standard Study**. A study that is scheduled to take place at a specific place (i.e. not online), and where there is only one part to the study that participants will participate in.

☐   **Two-Part Standard Study**. A study that is scheduled to take place at a specific place (i.e. not online), in two parts. The two parts may be scheduled to take place a specified number of days apart, and a participant must sign up for both parts of the study at one time.

☐   **Online Survey Study**. An online <u>survey</u> study that is set up and administered via the sona-systems website.

x   **Online External Study**. An online study that is set up and administered via a website contracted by the investigator (e.g., surveymonkey, qualtrics, etc.).
URL for online external survey:_____

Please note that neither Online Study options allow for the administration of individual timeslots. Please indicate whether your web-based study (or web-based part of a two-part study) requires individual timeslots: <mark>NO</mark>   YES

OVER PLEASE

PROJECT LOCATION (Include Special Directions):

____ Psychology Building ____ McAlester Hall ____ McAlester Annex _X_ Online _____ Other (specify below)

Please provide ROOM NUMBERS if available; also use this space for Other Locations:

_____

_____

SEMESTER AND YEAR OF STUDY __SPRING 2024__ APPROXIMATE START DATE _____1/19/24_____

Note: if recruiting subjects via telephone, please instruct all telephone schedulers, RAs, etc. to leave their complete name, telephone number and the project title and number.
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STUDY PERSONNEL & REQUESTED PSYCH 1000 RESEARCH PARTICIPATION WEBSITE ACCOUNTS:
(note: this is <u>vital</u> information that must be included. If you do not specify accounts to be created, these individuals will not have access to your experiment on the website. Please be sure to check a slot for whether each individual listed needs a Sona Systems account to be created or has an existing Sona Systems account)

	First Name	Last Name	USerID (pawprint)	email	phone	needs sona acct	has sona acct
Primary Investigator:	Sean	Duan	sxdff5	sxdff5@mail.missouri.edu	816-945-7533	……	X
Experimenter:	Victoria	Shaffer	shafferv	shafferv@missouri.edu		……	X
Experimenter:						……	……
Experimenter:						……	……
Experimenter:						……	……

(add others as needed. ***In addition, in an effort to help us maintain the site, please indicate below those experimenters who are no longer working in your lab and should have their sona accounts deleted***. Thanks)

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VISIBILITY OF THIS STUDY TO PSYCH 1000 STUDENTS

Please check below whether you would like this study immediately displayed to psych 1000 students upon approval by the Dept HSC, or whether you will contact the Dept HSC when you would like this study displayed to students.

Please display this study immediately upon approval: _X_

I will contact the Dept HSC when I would like the study displayed: _____

____1/16/24_____   _____
          DATE   FACULTY SPONSOR SIGNATURE:

(FOR ALL APPLICATIONS: remember to attach copy of consent form, debriefing form, and IRB approval letter (& copy of eIRB application for new applications)