# DEPARTMENT OF PSYCHOLOGY

**National University of Singapore**

## RESEARCH PARTICIPANT (RP) REQUISITION FORM

Submit softcopies of requisition form (.doc not pdf), a copy of your IRB/DERC approval and PIS by email to RP Coordinator.

**Section A**

Semester I / Semester II, AY\_\_\_\_\_\_\_ Date of this Request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No: \_\_\_\_\_\_\_\_\_\_\_\_ NUS Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
Year of Study: PL3231 / PL4660 / PL4401 / Graduate student / Staff
(**List details of all researchers**)

Researcher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please use this signature for the RP Consent Roster)

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title to be reflected on the list of studies approved for RP Programme Online (SONA):**

(RN ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
No. of participants requested: \_\_\_\_\_\_ Amount of time required per participant: \_\_\_\_\_minutes

Total number of points requested (Calculation – 30 minutes per point): \_\_\_\_\_\_

**Total number of hours requested for study: \_\_\_\_\_(to be reflected on Sona)**

Any RP restrictions (write NIL if none):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data collection period from/on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ till \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Section B** (to be filled by RP Coordinator)

This request is **APPROVED / NOT APPROVED**. Your Research No. is RN\_\_\_\_\_

Number of points per RP \_\_\_\_\_\_\_\_\_\_ **Total Number of Points Awarded** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

RP Coordinator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

 **Researcher, please note: Due Date for Submission of Consent Roster**: \_\_\_ / \_\_\_ / \_\_\_\_\_