

DEPARTMENT OF LINGUISTICS

HUMAN RESEARCH SUBJECT REIMBURSEMENT FUNDING REQUEST

FORM G

TO BE COMPLETED BY THE STUDENT.

Name: _____

Project Title: _____

Project/Assignment Due Date: _____

Totals funds requested: \$ _____

Total number of research subjects: _____

Proposed payment for each research subject participant: \$ _____

Is this your first request for human research subject funding? Yes No

If no, how many times have you requested funding? _____

Have you previously received subject reimbursements from the department? Yes No

If yes, how many times? _____

Have you previously received travel reimbursements from the department? Yes No

If yes, how many times and approximately how much have you received in total?

Number of times: _____ Total Amount Received: \$ _____

Please attach a copy of your abstract to this form along with a brief description of your experiment.

Student Signature: _____ Date: _____

Student ID #: _____

Faculty Advisor Signature: _____ Date: _____

TO BE COMPLETED BY DEPARTMENT.

Funding Approved: Yes No Amount of funding: \$ _____