Debriefing Package

Part I: General Information:
Title of Experiment: ________________________________
Name(s) of Experimenter(s): _________________________  Name of Supervisor: ________________
Local phone number(s) where students can contact the Experimenter(s): _________________________
Room number and specific location of experiment: ____________________________________________
This experiment is conducted in [ ] session(s) and is worth a total of [ ] experimental credit(s).

Part II: Student's Own Record of Experiment Participation:
(To be filled in by the Experimenter following the experiment)
PSY 100 Student's Name: _________________________ Student Number: ____________
last, first
Experimenter's Name: ___________ Experimenter's Signature: ___________ Experiment Number: ____
Date: ___________ The above named student received [ ] credit(s) for participating in this experiment.

ATTN. PSY 100 STUDENT:
Keep this form as proof of your participation in this experiment.
If you do not receive credit for your participation within 2 WEEKS of participation, please bring the form, with contact information to:

Danny Fee, Sidney Smith room 4020

Contact Information for Experiment Credit Check
Student's Name ________________________________
Student Number ________________________________
Email Address _________________________________
Phone Number _________________________________