Please complete all fields with the required information. You must complete a separate request for each individual study you wish to post in Sona (but you may have more than one study approved under the same ICEHR protocol number).

**Contact Information**

*Note: Faculty members must have their primary appointment in the Faculty of Business and are responsible for all aspects of the study. “Researcher” refers to all students/RAs who will be actually testing participants in the study; please include* ***all*** *researchers who will be involved with the study.*

Supervising Faculty Member Name:

Supervising Faculty Member Email:

Researcher Name(s) and Email(s):

**Attachments (check)**

BREP Informed Consent Form

BREP Feedback Form

ICEHR Approval Letter

**Complete Study Information**

ICEHR Protocol Number:

ICEHR Approval Expiration Date:

ICEHR Protocol Title:

Complete description of study procedure (include all details, including deception):

**Study Information for Participants (recruitment on Sona)**

Study Title for Participants (will be displayed on Sona):

ICEHR approved Sona Study Description (will be displayed on Sona):