

CB3 MRI Facility Project Approval Form

Name:

Email Address:

Please indicate if you are a:

Student/Post Doc*

Faculty Member

* If you are a student/post doc, please provide the name of the faculty mentor supervising this project.

Please answer the following questions about your proposed project.

1) Project information:

a) Project title:

b) Briefly describe the project goal, major hypotheses, and method:

2) Logistical details:

a) Equipment requested:

- MRI
- MRI + Eyetracker
- MRI + EEG/ERP
- MRI Simulator

b) Number of research participants:

c) Reserved MRI time per participant:

d) Project start date:

e) Estimated project time line (# of weeks, reserved MRI hours/week):

3) Project funding source:

MRI Facility use approval:

Signature of CB3 Administrator

Date