PSI CHI: "Matchmaker" Research Information Form

Please choose one: (delete all other choices besides yours)

Clinical

Clinical-Child

Clinical-Community

Community

Experimental

Industrial/Organizational

<p><strong><a id="type last name here"

name="repeat last name here">type full name here</a></strong></p>

Project Information:

<p><strong>Title of Project:</strong> type here</p>

<p><strong>Project Director:</strong> type here</p>

<p><strong>Faculty Advisor (if applicable):</strong> type here</p>

<p><strong>Description of Project (less than 75 words):</strong> type here</p>

<p><strong>Project Timeline:</strong> type here</p>

<p><strong>Student Duties:</strong></p>

<ol>

<li>type here</li>

<li>type here</li>

<li>type here</li>

</ol>

<p><strong>Requirements:</strong></p>

<ul>

<li>Minimum hours required (per week): type here</li>

<li>Required meeting? type here</li>

<li>Frequency: type here</li>

<li>Day(s) and time(s): type here</li>

</ul>

<p>Other requirements and/or preferences: type here</p>

<p><strong>Current number of students required:</strong> type here</p>

<p><strong>Contact Information:</strong></p>

<ul>

<li>Name: type here</li>

<li>Phone: (###) ###-#### </li>

<li>Email: <a href="mailto:type here">repeat here</a></li>

</ul>

<p>For the complete project information click <a href=

"files/type last name here.docx">here</a>.</p>

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