University of North Texas Department of Psychology
Research Cancellation

_____ _____ _____
Study Title Study Number **# of Credits**

_____ _____ _____
Researcher's Name Date(s) of Study Time(s) of Study

This Research Session Has Been **Cancelled.** (at _____ (time))

If you showed-up to participate in this session, please leave your name below:

You will receive credit for the study. If you have questions contact the researcher, or Dr. Kim Kelly @ 940-565-4719.

Name	Course & Instructor