

## RESEARCH PROPOSAL FORM

### Graduate Student-Led Research

Please complete this form and email to the LIVELab Research Coordinator (livelab@mcmaster.ca). Your research protocol will be reviewed by the LIVELab Advisory Committee (LAC) and if approved, LIVELab staff will discuss study dates, pricing, and technical details during a consultation.

Part 1: Study Overview		
Study Title		
Principal Investigator	Email Address	Phone Number (or extension)
Co-Investigators		Primary Contact (Name & Ext)
Number of Days Needed	Preferred Start Date	
Funding Sources (if known)		
Part 2: Study Details		
<b>A. Purpose</b>		
Describe the purpose of the study and the research questions you wish to address (max 200 words)		
<b>B. Methods</b>		
Briefly describe the methods you will be using to answer your research questions (max 400 words)		

### Part 3: Study Participants

Will your study collect data from human participants?

Yes  No (If no, please proceed to Part 4)

#### A. Recruitment

What are your sources for recruiting participants?

How many participants do you hope to run?

Do you require the use of the LIVEPeople database?

Yes  No

Will participants need to park on campus?

Yes  No

#### B. Ethics

Do you currently have ethics clearance to run an experiment in the LIVELab?

Yes  No

If yes, what is your protocol clearance number:

If no, will you require us to create an ethics application (fee may apply)?  Yes  No  Unsure

### Part 4: Technology Requirements

#### A. EEG/Physiology

Will you record EEG?

Yes  No

Will you record Heart Rate/BR?

Yes  No

Will you record GSR?

Yes  No

How many EEG/physiology participants do you wish to run per session (max 32)?

Will you require dense array caps (64 channels) for stage performers (max 4 caps)?

Yes  No

Will you require the LIVELab to provide trained assistants to fit participants with sensors?

Yes  No

#### B. Motion Capture/EMG

Please check who you will capture motion from:

Stage Performers  Audience Members  Neither

Will you record EMG data?

Yes  No

#### C. Virtual Acoustics/Recording

Will you require Virtual Acoustics for your experiment?

Yes  No

If yes, please describe the environment you wish to create:

Do you plan to record the audio during a session?

Yes  No

If yes, please describe what you wish to record (ie, audience sounds, the performance, etc.)

Will you be using the Yamaha Disklavier?

Yes  No

<b>D. Stimuli</b>	
Will you be using the following types of stimuli: <input type="checkbox"/> Audio <input type="checkbox"/> Video/PPT <input type="checkbox"/> Both <input type="checkbox"/> Neither	
Have you developed your stimuli?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, will you require us to develop and program your stimuli?  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>E. Tablets</b>	
Will you have participants provide responses on tablets (additional fees apply)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, proceed to Part 5)
Have you developed a list of questions that will be asked on the tablets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Part 5: Analysis</b>	
Will you require LIVELab staff to analyze any or all of the data that is collected? <input type="checkbox"/> Yes (additional fees will apply) <input type="checkbox"/> No	
<b>Part 6: Academic Credit</b>	
Is this project for Module Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Part 7: Advisor Approval</b>	
Faculty academic advisor name:	
Faculty academic advisor signature:	
<b>Part 8: Additional Requirements</b>	
<b>A. If you have any additional special requirements that were not addressed on this form, please describe them below</b>	