University of Zurich UZH

BA & MA Student Project Proposal Form

Project Name		
Student Name		
Student Email Address		
Program		
Supervisor's Name		
Administrative Contact		
Service Area	Lab	Loan Equipment
	Online Study	Other
Project Summary		

University of Zurich^{UZH}

Loan Equipment	
Device	
Number Required	
Start Date	End Date

Lab Projects		
Approximate Start Date		
Expected Project Duration		
Technology / Modality	Audio Recording	EEG
	Video Recording	fNIRS
	Directed speech experiment	Eye tracking
	EMA	UTI
	EGG	Motion Tracking
	Other	
Expected Session Duration		

Additional Information for EEG Projects	
Amplifier	
Area of Interest	
Number of Electrodes	
Justification	

Participant		
Number		
Multi Participant / Simultaneous Testing		Special Population

Supervisors Details	
Name	
Department	
Email address	

Supervisor's Signature	
Signature	Date & Place