

Running head: TYPING A REPORT OF AN EMPIRICAL STUDY

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Typing a Report of an Empirical Study Using
Standards of the American Psychological Association

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References

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Table 1

Errors for Younger and Older Groups by Level of Difficulty

Difficulty	Younger			Older		
	<u>M</u>	<u>SD</u>	<u>n</u>	<u>M</u>	<u>SD</u>	<u>n</u>
Low	.05	.08	12	.14	.15	18
Moderate	.05	.07	15	.17	.15	12
High	.11	.10	16	.26	.21	14

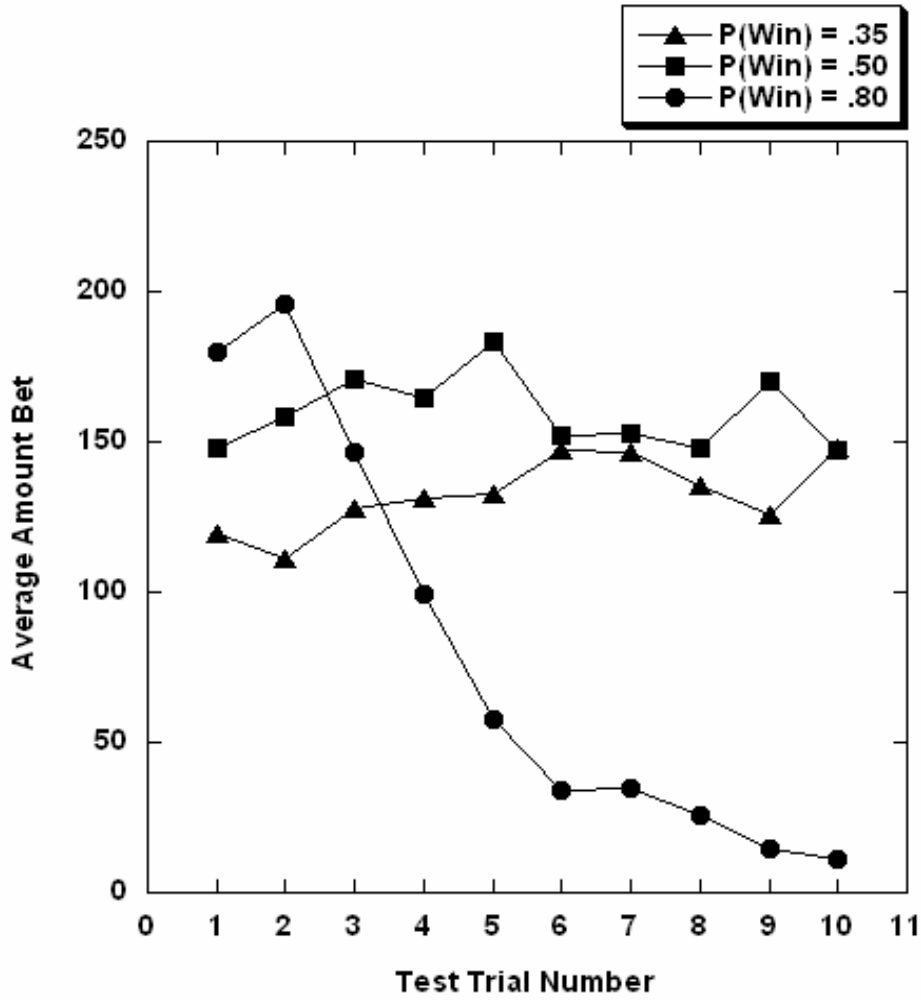


Figure 1. Average amount bet as a function of the probability of a win during acquisition trials, and the test trial number.

Appendix A

[Omit the 'A' in 'Appendix A' if there is only one appendix.]

Demographic Survey

1. Gender: M / F (circle one)
2. Age _____
3. Religious Affiliation: _____
4. Year in College: First Year Sophomore Junior Senior

Appendix B

Consent Form on the Use of Human Subjects in Research

Statement of Informed Consent

I understand that I am being asked to participate in a research project involving _____. I am aware that I will be asked to participate in _____, and that the data I provide will be used to _____. I also understand that the study should take no more than _____ minutes.

The anticipated benefits of my participation in this study include _____. This study involves no serious risks. I understand that the investigator will ensure the confidentiality of information I provide, by keeping records that associate my responses with an arbitrary identification number, not my name. I understand that the information I provide will not be stored or presented so that it can be identified with me.

I understand that I have the right to refuse to participate in this study. Even if I agree initially to participate, I still have the right to change my mind at any time and to stop my participation by informing the experimenter of my wish to stop. Refusal to participate or withdrawal from this project will not affect my grade in _____.

My signature below indicates that I have given my informed consent to participate in the above-described project. My signature also indicates that I agree with the following:

- I have been given the opportunity to ask questions about the described project and my participation in it, and my questions have been answered to my satisfaction;
- I will be given a signed copy of this document at my request;
- I am at least 18 years old;
- I am legally able to provide consent; and
- to the best of my knowledge and belief, I have no physical or mental illness or weakness that would be adversely affected by participation in the described project.

Signature of Participant

Date

If at any time you would like additional information about this project, you may contact Dr. David M. Boynton at 654-2641.