movisens_RGB_Office.emfApplication for a student project

Please fill out the following application document and send it to [xs@movisens.com](mailto:xs@movisens.com)

# Applicant

Name, first name:

Supervising professor:

University:

Institute:

Address:

Telephone:       Fax:

Email (of your movisensXS account):

Web Page:

University/Institute Logo:

# Requested support

No. of participants:       No. of days per participant:

No. of prompts per day:       No. of items:

Sum of credits requested for the study:

Favorite movisensXS feature:

Please tell us in one sentence, what you love about movisensXS:

I confirm that the information in this application including the study description can be used by movisens

Date:       Signature of supervisor:

# Your Study

*Title of your study.*

*Please tell us a bit about your study. What is the goal of your study? What are the hypotheses of your study? How does your study design looks like? (100-500 words)*