

TO BE SIGNED AFTER GRADES ARE POSTED

Sample Informed Consent Statement
[Project Title]

You are invited to participate in a research study. This study investigates _____ . The purpose of this study is to _____ .

INFORMATION

1. The following activities were part of the regular [name of course] curriculum of. [Describe activities, e.g. required writings, tests] If you volunteer for this study, the researchers will review your class activities as part of this study now that grades have been turned in.
2. Your participation in this study requires no additional time with the exception of an audio-taped interview regarding your experiences with _____ lasting no more than _____ hour(s) in length.
3. In signing this consent statement, you agree to give permission for the researchers to use your materials and the audio-tapes for research purposes only. The transcribers will use pseudonyms to protect the identity of the participants. You may preview and make changes to the transcripts before they are analyzed.

BENEFITS

It is anticipated that you will benefit from your participation in the following ways:
_____.

RISKS

There are no foreseeable risks or discomforts for any of the procedures to be used in this study.

CONFIDENTIALITY

There are numerous methods that will be used to preserve your confidentiality. All tapes will be stored in a locked metal cabinet in the primary researcher's office. The transcriber will preserve confidentiality by assigning a pseudonym to all participants. The analysis of the data will focus on group patterns that will be described in aggregate terms. Direct quotes will be used only for illustrative purposes. The tapes will be destroyed _____.

CONTACT

If you have any questions about this study or its procedures, you may contact the primary researcher, _____ at _____.

If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant have not been honored during the course of this project, you may contact the Human Subjects Committee/Institutional Review Board at. . .

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time

without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed.

If you have any questions, please do not hesitate to contact: Investigator's Name, Investigator's Department, at Investigator's email address and phone #. If you have any questions about your treatment as a participant in this study, please contact the Chair of WCU's Institutional Review Board at 828.227.3177.

Thank you for your willingness to contribute your time.

CONSENT

I have read this form and received a copy of it. I have had all my questions answered to my satisfaction. I agree to take part in this study.

Participant's signature _____ Date_____

Consent form date XX-XX-XX

Adapted from Indiana University Bloomington
<http://www.research.iu.edu/rschcomp/stusub.html>