

{Name of study} Study Consent Form

You are invited to participate in a research study of {subject matter}. You were selected as a possible participant as a {student/faculty or staff member} at Washington & Jefferson College. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

Project Title:

Researchers:

Faculty Advisor:

Background Information: The purpose of this study is to {describe purpose}.

Procedures: If you agree to be in this study, we will ask you to do the following: {describe what participants will be asked to do}. The study should take about {estimate of time to complete study} minutes to complete.

Risks and Benefits of being in the Study: We do not anticipate any risks for you participating in this study, other than those encountered in day-to-day life. There are no direct benefits to you, the subject, in participating, but by gathering this data we hope to be able to {what you hope to learn}.

Voluntary Nature of Participation: Your decision whether or not to participate will not affect your current or future relations with the College. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

Confidentiality: The records of this study will be kept private. This consent form will be stored separately from any study materials. In any sort of report we might publish, we will not include any information that will make it possible to identify you. Records of this study will include {what will records include}. These records will be kept in a digital form on a W&J network drive. These records will only be accessed by the researchers. The W&J Information Technology Services administrators also have access to these files but policy dictates that they will not access them without permission. These records will be stored for {amount of time} after {date of study/date of publication/etc.}.

Contacts and Questions: The researchers conducting this study are {researcher names}. Please ask any questions you have now. If you have questions later, you may contact them at {email addresses}. If you have any questions or concerns regarding your rights as a subject in this study, you may contact Dr. Wilson (LWilson@washjeff.edu) as a representative of the Institutional Review Board.

Statement of Consent: I have read the above information and have received answers to any questions I asked. I consent to participate in the study.

Signature _____

Date: _____