**Consent for Research Study**

**Investigator(s):** Fill in your name(s).

**Principal Investigator:** Your PI’s (faculty advisor) name

**Title of Study:** Fill in your title

**Institution:** Wabash College

Name of participant (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_

**The following information is provided to inform you about the research project and your participation in it. Please read this form carefully. Please feel free to ask any questions you may have about this study and the information given below. You will be given an opportunity to ask questions, and your questions will be answered.**

**1. Purpose of the study**

The purpose of this study is finish this sentence as appropriate. Details concerning the specific purposes and predictions of this research will be described at the conclusion (or change this to now, if it is OK for the subject to know this at the beginning of the experiment) of the experiment. You may withdraw from the experiment at any time.

**2. Description of procedures and approximate duration**

Participation in this experiment will involve what will the subjects be doing? [Note that participants need enough information to be able to give informed consent. You do not need to give them your hypothesis, but they do need to know – and be able to understand – what they are agreeing to do. The participant may not be asked to waive any legal rights.]

Participation in this study should take approximately # hours, broken down into blocks of 1.5 to 2 hours each, which we will schedule at your convenience. [Only use this paragraph if this is appropriate for the length of your study.]

**3. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study.**

There are no risks associated with this experiment beyond what you would encounter in everyday life. This study does not involve deception. [Change this as necessary.]

You are asked to commit approximately # hours of your time for this experiment.

You are asked not to discuss this study with anyone until the conclusion of the experiment (at the end of the semester). [This may not be necessary – adjust as appropriate.]

**4. Confidentiality of participant identification.** [Choose either the top option, or the bottom two options, and delete the others.]

Participant identification will not be on any documents other than this consent form.

Participants will be identified by their initials, if approved here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant signature)

Participants will be identified by other initials, that they choose:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initials chosen by participant)

**5. Anticipated benefits resulting from this study**

Although we do not anticipate any direct benefit to you, we hope to learn more about what? If students will be some of the participants, one benefit is learning how human subjects studies are conducted.

You will receive XXX for participating in this study. [For psychology studies, how many psychology study participation credits will they receive? Any money or 1832 Brew gift certificates?]

**6. Contact information**

If you have questions about this study, you may contact fill in your PI’s name at ext. xxxx (or email@wabash.edu). If you have general questions about giving consent or about your rights as a participant, you may contact the chair of the Wabash College Institutional Review Board, Dr. Eric Olofson, at olofsone@wabash.edu or 765-361-6328.

**7. Access to the results of this study**

Aggregated results of this study will be presented at the Wabash Research Celebration in January/ Psychology Research Symposium on DATE/elsewhere [update this as correct for the current study]. The results may be submitted for publication in an academic journal. Contact the Principal Investigator if you are interested in the final results.

**8. Your rights as a volunteer:**

**Your participation in this study is voluntary. You may choose not to participate. You also are free to withdraw from this study at any time.**

**STATEMENT BY PARTICIPANT**

**I have read this consent form, or the material in this consent form has been explained to me verbally. All my questions have been answered, and I freely and voluntarily choose to participate. By signing here I also verify that I am at least 18 years old. I understand that I may withdraw at any time.**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experimenter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DELETE THE FOLLOWING AFTER FINISHING:

If subjects are minors, use the following guidelines for obtaining consent:

Six years and younger - only parent(s)/guardian/legal representative must sign. Secure oral assent from the subject.

Seven and eight years - signature of minor is optional, signature of parent(s)/guardian/legal representative is required. Secure oral assent from the subject.

Nine through seventeen years - requires signature of minor on assent form and signature of parent(s)/guardian/legal representative on consent form.