**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

**The following information is provided to inform you about the research project and your participation in it. Please read this form carefully.**

**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 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 # minutes/hours.

**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.]

**4. Confidentiality of participant identification.**

Explain if you are collecting names or other identifying information, or if no identifying information is

collected.

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

Although we do not anticipate any direct benefit to you, we hope to learn more about what?

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 phone number (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 whose contact information is available at https://www.wabash.edu/irb

**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. I freely and voluntarily choose to participate. By checking this box,**

**I affirm that I understand that I may withdraw at any time. [provide a check box]**

**Only people age 18 and older are allowed to participate. By checking this box, I affirm that I am at**

**least 18 years old. [provide a check box]**

**By checking this box, I affirm that I agree to participate in this study. [provide a check box]**