

Informed Consent Form

Principal Investigator: Dr. John N. Austin

Title of Project: To Assess Students' Perception of Career Choice and Income

You are invited to participate in a research study of “*To Assess Students' Perception of Career Choice and Income*”. We do you hope to learn how well the faculty curricula are informing students relative to the work world. This study will be of benefit to others by enabling faculty to understand the extent to which student perceptions are consistent with reality. This kind of clarification can lead to meaningful changes in curricula to enable students to have a more informed view of the world of work.

You were selected as a possible participant in this study because you are a graduating senior or a graduating masters level student at Delaware State University.

If you decide to participate, Dr. John Austin will ask that all graduating students report to the research station where a research assistant will provide each student with the informed consent “Signature Sheet”. Students will be asked to take two minutes to read and sign the sheet. After students have signed the sheet, they will be given the 2-page, 15 item survey instrument to complete. The instrument has been field tested and it is confirmed that the average student should complete the instrument within 10 to 15 minutes. Combined with the two minutes for reviewing the informed consent “signature sheet”, the total time to complete the survey process is estimated at a minimum of 12 minutes and a maximum of 17 minutes. Considering that this study is based on student perception and there are no invasive procedures or information requested, no discomforts or risks can be identified. This study has minimal risks attached to it relative to the participants. Therefore, issues such as medical care and compensation are not active concerns. This study will be of benefit to others by enabling faculty to understand the extent to which student perceptions are consistent with reality.

Student participants are asked to read and sign a separate signature sheet to address informed consent. These documents will be kept in my research mentor's office in a locked file until the data is analyzed and the report is generated. These forms will then be shredded under the supervision of the research mentor when the written report is accepted. There is no identification included in the survey instrument. So there will be no way of identifying responses with the respondents.

If you give us your permission by signing this document, we plan to disclose this study in a formal paper submitted to my research mentor and the director of the McNair Program.

Your decision whether or not to participate will not prejudice your future relations with Delaware State University. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

Before you complete and sign the form, please ask questions on any aspect of the study that is at all unclear to you. If you have any additional questions later, please contact Dr. John Austin at (302) 857-6811 or jaustin@desu.edu. If at any time you have questions concerning your rights as a research subject, you may call the Office of Sponsored Programs at 302-857-6819 or 857-6811.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

I acknowledge that I have received a personal copy of this consent form.

Copy received: _____
(initial)

Date _____
Signature

Signature of Investigator