

Informed Consent Form for Undergraduate Research Projects

Title of Project:

Principal Investigator: *[Include contact information – mailing address, email address, telephone number]*

Advisor: *[Include contact information
Office/ mailing address
Email address, telephone number]*

Other Investigator(s): *[REMOVE if there are no other investigators involved]*

1. **Purpose of the Study:** The purpose of this research is to...

[Provide a brief summary of the purpose of the study in this section of the consent form. All wording must be at an 8th grade reading level or below. Someone unfamiliar with your research should easily understand the consent document. Technical language must be avoided. The informed consent form needs to be written in the second person.]

2. **Procedures to be followed:** You will be asked to...

[In simple, non-technical language, indicate all procedures that will require the participant's involvement and indicate any procedures that would be considered experimental. This includes the use of any audio/visual tape recording(s). It is not necessary to include procedures that the participant would receive if he/she were not involved in the study.]

3. **Duration/Time:**

[Explain how much time (e.g., 1 hour, 30 minutes) will be required to complete participation in this research. If applicable, explain the period of time during which this participation will occur and the number of sessions required.]

4. **Statement of Confidentiality:** Your participation in this research is confidential. The data will be stored and secured at (location) in a (locked/password protected) file. In the event of a publication or presentation resulting from the research, no personally identifiable information will be shared.

[Explain the extent to which participant records and data will be held confidential. For example, describe if code numbers and pseudonyms will be used and the storage/security of data. Explain who will have access to participants' identity and access to the data.]

5. **Right to Ask Questions:** Please contact _____ at (XXX) XXX-XXXX with questions or concerns about this study.

[This paragraph should explain whom to contact for answers to pertinent questions about the research]

6. Payment for participation:

[Explain any compensation that will be provided to participants.]

PLEASE NOTE: If payment for participation will not be offered, please delete this statement (item #6).

7. Voluntary Participation: Your decision to be in this research is voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer.

You must be 18 years of age or older to consent to take part in this research study. If you agree to take part in this research study and the information outlined above, please sign your name and indicate the date below.

You will be given a copy of this form for your records.

Participant Signature

Date

Person Obtaining Consent

Date