



Human Subjects Research

Consent Form Template

[Note that this is a sample with an example of wording and should be modified to accurately reflect your individual study. It is important to address each of the 7 parts in the consent form. Please use this wording as a guide]

You are being asked to take part in a research study _____. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

What the study is about: The purpose of this study is to learn how students who have paid jobs manage their class work. You must be working at least 10 hours a week for pay to take part in this study.

What we will ask you to do: If you agree to be in this study, we will conduct an interview with you. The interview will include _____. The interview will take about _____ to complete.

Risks and benefits: *[Note: For studies posing no specific risks, use the IRB standard minimal risk statement, "I do not anticipate any risks to you participating in this study other than those encountered in day-to-day life."]*

Compensation: You will receive _____. You will be responsible for any taxes assessed on the compensation. If you expect to earn over \$100 as a research participant in this study, you must provide your name, address and SSN to receive compensation. If you do not earn over \$100 only your name and address will be collected to receive compensation.

Your answers will be confidential. The records of this study will be kept private. In any sort of report we make public we will not include any information that will make it possible to identify you. Research records will be kept in a locked file; only the researchers will have access to the records. If we tape-record the interview, we will destroy the tape after it has been transcribed, which we anticipate will be within two months of its taping.

Taking part is voluntary: Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer. If you decide not to take part or to skip some of the questions, it will not affect your current or future relationship with _____. If you decide to take part, you are free to withdraw at any time.

If you have questions: The researchers conducting this study are _____. Please ask any questions you have now. If you have questions later, you may contact _____ at _____@acomedu.org or at ___-___-____. You can reach Dr. _____ at _____@acomedu.org

or at ___ - ___ - _____. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Human Protections Administrator for the ACOM IRB at 334-944-4022.

You will be given a copy of this form to keep for your records if requested.

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

Your Signature _____ Date _____

Your Name (printed) _____

In addition to agreeing to participate, I also consent to having the interview tape-recorded.

Your Signature _____ Date _____

Signature of person obtaining consent _____ Date _____

Printed name of person obtaining consent _____ Date _____

This consent form will be kept by the researcher for at least three years beyond the end of the study.

The title of the study should appear at the top of every page.