**Andrews University**

**INFORMED CONSENT FORM**

I am conducting a reseach study as part of my \_\_\_\_\_\_\_\_\_\_\_project, in partial fullment for my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Andrews University, Berrien Springs, Michigan. Your participation in this study is greatly a appreciated

**Reserach Title**:

**Purpose of Study:**

**Duration of participation in study**: \_\_\_\_\_ I understand that I will be required to complete a survey (replace survey with applicable case) which will take appriximately ...... of my time

**Benefits:** (descriptioin of any benefits to the subjects or others which may reasonably be expected from the resareach) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Risks:** (describe any forseeable risks or discomforts to subjects)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Voluntary Participation:** I have been informed that my participation in this study is completely voluntary. I am aware that there will be no penalty or loss of benefits I'm entitled to if I decide to cancel my participation in this study. And that there will be no cost to me for particpating in this study

**Confidentiality:** (statement describing the extent, if any, to which confidentiality of recors identiying the subjects will be maintained)I understand that my identity in this study will not be disclosed in any published document. And that researcher will keep the records \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact:** I am aware that I can contact the supervisor of XXX (Contact information of advisor) or myself at XXX (contact) for answers to questions related to this study.

I have read the contents of this Consent and received verbal explanations to questions I had. My questions concerning this study have been answered satisfactorily. I hereby give my voluntary consent to participate in this study. I am fully aware that if I have any additional questions I can contact researcher name and contact, or advisor

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature (Subject) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Researcher Signature Phone Date**