**Informed Consent Form for Research Participation**

**Department of \_\_\_\_\_\_\_\_\_\_\_\_**

**Muskingum University**

I freely and voluntarily consent to be a participant in a research project entitled:

“\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_” to be conducted at Muskingum

University in the \_\_\_\_\_\_\_\_\_\_\_\_\_ semester of 202\_\_ with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the principle investigator. I have been told that my part will require about \_\_\_\_\_\_\_\_\_ minutes.

The purpose of this study is to explore: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that any risk involved in my participation in this research will be minimal. I have been told that my responses will be kept strictly confidential. My individual responses will not be revealed to anyone without my permission.

I certify that I am 18 years of age or older.

[*Note to researcher: if any of your subjects are less than 18 years of age, you must also have a parental consent form for their parents to sign.* ***Please delete this note before submitting your proposal.***]

I understand that I may withdraw my consent and discontinue participation in this research at any time without prejudice. I may also skip any questions or portions of the research that make me uncomfortable. I have been given the right to ask questions concerning the procedure, and any questions I have about the procedure have now been satisfactorily answered.

I understand that if I experience any emotional distress as a result of participating in this research, I may contact the Muskingum University Counseling Services at 826-8142. I have been given a take away copy of this and any other necessary information so that I may consult it at any time.

[*Note to researcher: if your subjects are not Muskingum University students, faculty, or staff, you should find a suitable county counseling number to use here. Or, you may omit the counseling referral if you feel that your project has no possible emotional repercussions. Be advised that we may ask you to add it back if we disagree.* ***Please delete this note before submitting your proposal****.*]

I have read and understand the above statements and conditions for my participation in this research. If I have additional questions, I can contact the Research Advisor \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Participant

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date