



REQUEST FOR PARTICIPATION IN RESEARCH – CONSENT FORM

TITLE OF THE STUDY: *(Should be the same as on the application)*

NAME OF THE RESEARCHER(S):

- **Primary Investigator:** *(name, title, contact information)*
- **Co-Primary Investigator:** *(if applicable)*

PURPOSE:

Brief 1 -2 paragraph explanation of the study's purpose

PROCEDURES:

(What will be asked/happen to the participants of the study?)

POTENTIAL RISKS:

(Please do not put none. There is always the consideration of time and convenience of participation.)

POTENTIAL BENEFITS:

(If no direct participant benefits, please list how this study will benefit the body of knowledge.)

COMPENSATION:

(Please list any compensation, how it will be delivered. If a proposed raffle or giveaway, provide how students can qualify for the drawing, how winners will be selected, how the winners will be contacted, and the odds of winning.)

CONFIDENTIALITY:

(Please identify how student data will be protected, how the data will be stored and for how long the data will be stored.)

PARTICIPANT RIGHTS:

Please provide a statement of participant rights, including their right to refuse to answer any question, withdraw from the study at any point, and that this is not a waiver of their rights. Suggested statement: "Your participation in this study is completely voluntary. You can refuse to participate in the entire study or any part of the study without any negative effect on your relations with Riverland Community College. You also have the right to skip any question you do not wish to answer. You will not waive any rights if you choose not to participate, and there is no penalty for stopping your participation in the study. Your instructor will not be aware of a student's withdrawal from the research study."

This consent form is not a contract. It is a written explanation of what will happen during the study if you decide to participate."

QUESTIONS OR PROBLEMS:

You are encouraged to ask questions at any time during this study.

- For further information about the study, please contact *(please complete with contact information)*.
- Complaints about the research may be presented to *(please complete; this is normally the PI)*.
- For questions about participants' rights or if you feel you have been harmed in any way by your participation in this study, please contact the Riverland Community College Institution Review Board (IRB) or the Riverland Community College Director of Institutional Research.

CONSENT (if applicable)

Please indicate your response by checking one of the boxes below:

- Yes, I am willing to participate in *(surveys, interviews, etc.)* for this research project.
- No, I am not willing to participate in *(surveys, interviews, etc.)* for this research project.

Student Records Data Consent (if applicable)

Please indicate your response by checking one of the boxes below:

- Yes, I am willing to have my student records data used for analysis in this project.
- No, I am not willing to have my student records data used for analysis in this project.

SIGNATURES

Your signature indicates that you voluntarily agree to be a part of the study, that the details of the study have been explained to you, that you have been given time to read this document, and that your questions have been answered. You will receive a copy of this consent form for your records.

Participant Signature

Participant's Name (printed) Participant's Signature Date

Researcher Statement

I certify that the participant has been given adequate time to learn about the study and ask questions. It is my opinion that the participant understands their rights and the purpose, risks, benefits, and procedures of the research and has voluntarily agreed to participate.

Signature of Person Obtaining Informed Consent Date