\*\*\*This is a template and must be edited to include all necessary information about your study. Please review each section closely, and make sure all information is correct before submitting for review. Consent forms will be returned to you for revisions if necessary.\*\*\*

\*\*\***Student Researchers:** Please review this template, and your informed consent draft with the faculty PI overseeing the research ***before*** submitting it for review. Making sure all necessary information is included will shorten the length of review time for your study!\*\*\*

**Information to Consider about this Research**

**[Title of Research Study]**

Principal Investigator:

Department:

Contact Information:

[Remove if research is not externally funded] This research is funded by:

You are invited to participate in a research study about **[details]**

If you agree to be part of the research study, you will be asked to **[details]** Details include all study procedures, including the duration of participation and the nature of the intervention.

If your study involves deception, the federal regulations require that participants receive a prospective agreement in order for the study to be considered for Exemption. Example language for this agreement is as follows: *"Some research requires deceiving participants in order to answer the research question. The full nature of this research cannot be disclosed before you participate but will be told to you at the end. If you are not comfortable with the possibility that you may be deceived, please do not participate in this research."*

Benefits of the research may include **[details]**. If you indicate that there is no benefit to participation in your study, you must include the following statement here: *“There is no direct benefit to participation”*

Risks and discomforts may include **[details]**. If there are no anticipated risks, you may use the following language: “*The risks of participating in this research are no greater than the risks of daily life.*”

*If applicable* You will be compensated with **[details, such as ELCs]** If your study involves academic credit-related incentives (e.g. extra credit, ELCs, etc.), you must provide an alternate assignment for students who do not wish to participate in your research procedures.

Participating in this study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. You may choose not to **[details: e.g., answer any survey question, continue with the interview]** for any reason.

If you have questions about this research study, you may contact **[name of PI]**.

Research Protections staff at Appalachian State University have determined that this study is exempt from Institutional Review Board (IRB) oversight*.* If you have any questions or concerns about your rights as someone participating in research, please contact the Appalachian State University IRB Office at irb@appstate.edu or (828) 262-4060.

**By continuing on to the research procedures, I acknowledge that I am at least [Minimum age of participants, as indicated in your application], have read the above information, and agree to participate.**

If you are conducting an online survey, contact information should be provided again at the end of the survey for those who navigate away from the original page but have questions post-survey.

\*\*\*\*\*\*\***Remove this section if you do not need a signature, this form will be returned to you if the signature line is included and signatures are not being obtained as part of the research procedures described in your IRB application.**\*\*\*\*\*\*\*\*

If you need a signature, replace the bold text above with this:

*I agree to participate in the study.*

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

Signature  Date