**Information to Consider about this Research**

**[Title of Research Study]**

Principal Investigator:

Department:

Contact Information:

[include name/contact for faculty adviser if PI is a student]

[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]**

*If applicable* Benefits of the research may include **[details]**.

*If applicable* Risks and discomforts may include **[details]**.

*If applicable* You will be compensated with **[details, such as ELCs]**

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 (and faculty advisor if PI is a student)]**.

The Appalachian State University Institutional Review Board (IRB) has determined that this study is exempt from IRB oversight*.*

**By continuing to the research procedures, I acknowledge that I am at least 18 years old, 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\*\*\*\*\*\*\*\*

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

*I agree to participate in the study.*

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Signature  Date