

Eastern Mennonite University Institutional Review Board
Study Information & Consent Form

The purpose of this research is to [insert your research topic and/or description].

If you participate in this research, you will be asked to [list what participants will be asked to do]. Generally, this includes things such as providing demographic information, sharing opinions and attitudes, or participating in measures of academic achievement. It may also include being audio- or video-taped for research purposes. If this is part of the methodology, it must be disclosed here.]

[Risks: use one of the following two paragraphs, depending on foreseeable risks.]

There are no foreseeable risks or discomforts to you as the subject.

- OR -

It is possible you may experience some discomfort during or as a result of your participation in this study. [For EMU Students] If you experience emotional discomfort, you are encouraged to visit the Counseling Center (to make an appointment, call x4317). [For non-EMU students] If you experience emotional discomfort as a result of your participation, [insert the contact information for professional counseling services available to your participants.]

There will be no personal benefits to you from your participation in this research. However, the results of the research may contribute to [e.g., the field of study or an increase in the success of the program].

Your participation in the [survey/interview/experiment] will take approximately [insert time in minutes or hours]. The duration of this research project is [starting date to ending date].

Your participation in this research is strictly voluntary. You may refuse to participate at all, or choose to stop your participation at any point in the research without fear of penalty or negative consequence.

The information/data you provide for this research will be treated confidentially, and all raw data will be kept in a secured file by the researcher. Results of the research will be reported as aggregate summary data only, and no individually identifiable information will be presented unless explicit permission is given to do so.

You also have the right to review the results of the research if you wish to do so. A copy of the results may be obtained by contacting the researcher: [Researcher name and contact information]

If further questions arise, or you feel you have been treated unfairly, please contact Dr. Jenni Holsinger, chair of the Eastern Mennonite University Institutional Review Board, Eastern Mennonite University, 1200 Park Rd., Harrisonburg, VA, ph. (540) 432-4457, email: jenni.holsinger@emu.edu.

Participant consent

I, (print full name) _____, have read and understand the foregoing information explaining the purpose of this research and my rights and responsibilities as a subject. My signature below designates my consent to participate in this research, according to the terms and conditions listed above.

Signature _____ Date _____

[If audio- or video-taping] I, (print full name) _____, give the researcher permission to use, publish, and republish, in the context of this research, photographic, video, or audio reproductions of my likeness or voice made for this study.

Signature _____ Date _____