

Concordia College, Moorhead, MN

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE OF STUDY:

INVESTIGATORS: *(include area code and telephone number for each investigator)*

PROTOCOL NUMBER: *(issued upon CC IRB approval of research; please fill in then)*

PURPOSE

You are being asked to participate in a research study. The purpose of this study...
(When writing a parental permission form, adjust the language appropriately. For example: "You are being asked to allow your dependent to participate...")

SPONSOR

(Name any sponsors of your research)

PARTICIPANTS

You are being asked to participate because...
(Specify the inclusion/exclusion criteria. For example: "You are being asked to participate because you are an adult CC student who has been diagnosed with a learning disability.")

PROCEDURES

If you choose to participate,...
(Provide a detailed, step-by-step description of what participants will encounter in this study, including the time commitment and all procedures.)

RISKS

There are no known risks or discomforts associated with this study.
(Depending on the situation for your study, state the level of anticipated risks (i.e. no known risks, minimal risks, or risks, etc.). Then, clearly elaborate all of the known risks to the participants, even the least likely, and what will be done to minimize them. If referrals are indicated for the study, state so and provide them.)

BENEFITS

There may be no direct benefits to you as a participant in this study. However, we hope to learn...
*(Note that benefits cannot be guaranteed in a research study. Also, benefits do **not** include payment/incentives to participants.)*

