Informed Consent Form

Washington University of Virginia

Hello,

This study is being conducted as part of a degree research project at Washington University of Virginia (WUV). Before deciding whether to participate, please carefully read the information below. If you have any questions, please feel free to ask.

1. Research Information

Research Title

_____

Researcher Name

_____

Degree Program

_____

Faculty Advisor / Dissertation Chair

_____

2. Purpose of the Study

The researcher, _____ (name), is conducting the study entitled:

“_____”
(research title)

as part of the degree requirements for the _____ degree program at Washington University of Virginia.

The purpose of this study is as follows:

_____
_____
_____
_____

3. Research Participation

You will be asked to participate in the study through one or more of the following methods:

□ Survey
□ Interview
□ Focus Group
□ Other: _____

Estimated time required: _____

The participation procedures are as follows:

_____
_____
_____

4. Voluntary Participation

Participation in this study is completely voluntary.

You may refuse to participate or withdraw from the study at any time without penalty or disadvantage.

5. Possible Risks or Discomforts

Possible risks or discomforts associated with participation in this study may include:

□ This study involves no more than minimal risk.

If emotional discomfort occurs during participation, the researcher may provide appropriate counseling or referral resources.

6. Potential Benefits

Possible benefits of participation in this study may include:

7. Confidentiality and Data Storage

All information collected in this study will be used solely for research purposes.

- Participant information will be kept confidential.
- Research findings may be reported using anonymous or pseudonymous identifiers.
- Research data will be securely stored and accessible only to the researcher and authorized research personnel.
- Research materials will be retained for a designated period and then securely destroyed.

8. Audio or Recording Information (If Applicable)

□ Interviews or conversations may be audio-recorded during this study.
□ Recordings will not be used for purposes outside this research study.
□ Original recordings may be securely deleted after transcription is completed.

9. Contact Information

If you have any questions regarding this study, you may contact:

Researcher

Name: _____

Email: _____

Phone Number: _____

Faculty Advisor / Dissertation Chair

Name: _____

Email: _____

10. IRB Contact Information

This study may be reviewed by the Institutional Review Board (IRB) of Washington University of Virginia. Questions regarding participant rights or protections may be directed to:

irb@wuv.edu

11. Consent to Participate

I have read and understood the information above. I have had the opportunity to ask questions and voluntarily agree to participate in this study.

Participant Name: _____

Participant Signature: _____

Date: _____

Researcher Name: _____

Researcher Signature: _____

Date: _____