



DUQUESNE UNIVERSITY

600 FORBES AVENUE ♦ PITTSBURGH, PA 15282

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

- TITLE:** [The Title of the Research Project]
- INVESTIGATOR:** [Your name, address, telephone number(s)]
- ADVISOR: (if applicable):** [Your advisor's name here]
[Advisor's Department of School]
[Advisor's telephone number]
- SOURCE OF SUPPORT:** This study is being performed as partial fulfillment of the requirements for the (doctoral or masters) degree in _____ at Duquesne University, **OR**, This study is supported by a grant from _____
- PURPOSE:** You are being asked to participate in a research project that seeks to investigate **[here describe exactly what participants will be asked to do for the project.]** (*Use this next sentence only if applicable*) in addition, you will be asked to allow me to interview you. The interviews will be taped and transcribed.
- These are the only requests that will be made of you.
- RISKS AND BENEFITS:** **[Here describe any and all risks or benefits to the participants. If there are none, say so.]**
- COMPENSATION:** **[Here state whether or not the participants will be compensated in any way. If there is to be no compensation, say so.]** However, participation in the project will require no monetary cost to you. An envelope is provided for return of your response to the investigator.
- CONFIDENTIALITY:** Your name will never appear on any survey or research instruments. No identity will be made in the data analysis. All written materials and consent forms will be stored in a locked file in the researcher's home. Your response(s) will only appear in statistical data summaries. All materials will be destroyed at the completion of the research.
- RIGHT TO WITHDRAW:** You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS:

A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT:

I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326).

Participant's Signature

Date

Researcher's Signature

Date