

Sample Subject Consent Form/Statement

Project Director or Principal Investigator:

Title of Project:

You are invited to participate in a research study of [state what is being studied]. We hope to learn [state what the study is designed to discover or establish]. You were selected as a possible participant in this study because [state why the subject was selected].

If you decide to participate, we [or: Dr. _____ and associates] will [describe the procedures to be followed, including their purposes, how long they will take, and their frequency]. [Describe the discomforts and inconveniences. An estimate of the total time required must be included]. [Describe the risks reasonably to be expected]. [Describe any benefits reasonably to be expected. If benefits are mentioned, it is advisable to add:] We cannot and do not guarantee or promise that you will receive any benefits from this study.

[Describe appropriate alternative procedures that might be advantageous to the subject, if any. Any standard treatment that is being withheld must be disclosed.]

[A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained.] If you give us your permission by signing this document, we plan to disclose [state the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure.]

[If the subject will receive a fee for participating, or services in lieu of a fee, describe the amount or nature.] [If there is a possibility of additional costs to the subject because of participation, describe it.]

[For research involving more than minimal risk, an explanation as to whether any compensation and/or medical treatments are available if injury occurs, and if so, what they consist of or where further information may be obtained.]

Your decision whether or not to participate will not prejudice your future relations with [(Institution) and the named cooperating institution, if any]. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

Before you complete and sign the form, please ask questions on any aspect of the study that is at all unclear to you. If you have any additional questions later, Dr. _____ (give a phone number or address) will be happy to answer them. If at any time you have questions concerning your rights as a research subject, you may call the Office of Sponsored Programs, 302-857-6819 or 857-6811.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

I acknowledge that I have received a personal copy of this consent form.

Copy received: _____ (initial) _____

Date

Signature

Time AM/PM

Relationship to subject

[This line should not appear on forms that will be given to subjects consenting for themselves.]

Signature of Witness

Signature of Investigator

Informed Consent Form

Principal Investigator: Dr. Hank N. Lewis

Title of Project: To Assess Students' Perception of Career Choice and Income

You are invited to participate in a research study of "*To Assess Students' Perception of Career Choice and Income*". We do you hope to learn how well the faculty curricula are informing students relative to the work world. This study will be of benefit to others by enabling faculty to understand the extent to which student perceptions are consistent with reality. This kind of clarification can lead to meaningful changes in curricula to enable students to have a more informed view of the world of work.

You were selected as a possible participant in this study because you are a graduating senior or a graduating masters level student at Delaware State University.

If you decide to participate, Dr. Hank Lewis will ask that all graduating students report to the research station where a research assistant will provide each student with the informed consent "Signature Sheet". Students will be asked to take two minutes to read and sign the sheet. After students have signed the sheet, they will be given the 2-page, 15 item survey instrument to complete. The instrument has been field tested and it is confirmed that the average student should complete the instrument within 10 to 15 minutes. Combined with the two minutes for reviewing the informed consent "signature sheet", the total time to complete the survey process is estimated at a minimum of 12 minutes and a maximum of 17 minutes. Considering that this study is based on student perception and there are no invasive procedures or information requested, no discomforts or risks can be identified. This study has minimal risks attached to it relative to the participants. Therefore, issues such as medical care and compensation are not active concerns. This study will be of benefit to others by enabling faculty to understand the extent to which student perceptions are consistent with reality.

Student participants are asked to read and sign a separate signature sheet to address informed consent. These documents will be kept in my research mentor's office in a locked file until the data is analyzed and the report is generated. These forms will then be shredded under the supervision of the research mentor when the written report is accepted. There is no identification included in the survey instrument. So there will be no way of identifying responses with the respondents.

If you give us your permission by signing this document, we plan to disclose this study in a formal paper submitted to my research mentor and the director of the McNair Program.

Your decision whether or not to participate will not prejudice your future relations with Delaware State University. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice. Before you complete and sign the form, please ask questions on any aspect of the study that is at all unclear to you. If at any time you have questions concerning your rights as a research subject, you may call the Office of Sponsored Programs at 302-857-6810.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

I acknowledge that I have received a personal copy of this consent form. Copy Received: _____
(initial)

Date _____ Signature _____

Signature of Investigator _____