Informed Consent to Participate in Research

Study Title:
[Insert the full title of your research study]

Principal Investigator:
Name: [Your Full Name]
Institution [or Organization]: [Institution Name or Organization]
Email: [Your Email]
Phone: [Your Phone Number]

Faculty Advisor [or Co-Investigator] (if applicable):
Name: [Advisor or co-investigator Name]
Institution [or Organization]: [Institution Name or Organization]
Email: [Advisor or co-investigator Email]
Phone: [Advisor or co-investigator Phone Number]

1. Purpose of the Study

You are invited to participate in a research study conducted by [Investigator's Name] at Cuyahoga Community College. The purpose of this study is to [briefly describe the topic and the population you are exploring in the study in lay language. Do not state your hypothesis for your study. Indicate any demographic requirements for your population (current student, over the age of 18, gender, race, etc.)].

---

2. Procedures

If you agree to participate, you will be asked to [briefly describe the procedures involved in the study, including duration, whether participants will be recorded, location, and what the participant will be asked to do].

Participation will take approximately [insert time, e.g., 30 minutes] of your time. [Mention if any follow-up is expected.]

---

3. Risks and Discomforts

[Describe any foreseeable risks, discomforts, or inconveniences. It will be rare for the study to have zero risk of discomfort, but if your study is risk-free you may note there are no risks to participants].

---

4. Benefits

[Describe any benefits to participants as well as the potential benefit to science, education, the community, etc.].

---

5. Confidentiality

[Indicate whether responses will be kept confidential, anonymous, or neither. Confidential means the researchers know who the participants are in the data, but no one else does. Anonymous means the researchers cannot connect any individuals to their data].

All data will be stored securely and only accessible to the research team.

[Outline where and how identifiable data will be securely stored, and the plans for the destruction of that data at a future date]. [Indicate who, if anyone (including publications), data will be shared with and whether or not such data will be de-identified].

---

6. Voluntary Participation and Withdrawal

Your participation in this study is entirely voluntary. You may refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled.

---

7. Compensation

[Plans for compensation or lack thereof should be clearly enumerated. If you provide compensation, you must indicate the dollar amount of the compensation, the form it will take (gift card, cash, etc.), what is required to receive the compensation, and when the participant can expect to be compensated]

---

8. Contact Information

If you have any questions about this research, please contact:

Principal Investigator:
[Name, Email, Phone]

Faculty Advisor [or Co-Investigator] (if applicable):
[Name, Email, Phone]

IRB Contact:
If you have questions about your rights as a research participant, you may contact Krystn Hood, Chair of Cuyahoga Community College's Institutional Review Board at Krystn.hood@tri-c.edu or 216-987-4777.

---

9. Consent Statement

By signing below, you indicate that you have read and understand the information above [indicate here anything else that the participant is attesting to, such as being over the age of 18].

You are voluntarily agreeing to participate in this study.

Participant Name (Printed): _____

Participant Signature: _____

Date: _____