



APPENDIX G: SAMPLE CONSENT FORM

Ashford University Institutional Review Board

Informed Consent Form for (Project Title)

You are being invited to participate in a research project conducted by _____, who is a (graduate student/doctoral candidate/faculty) at Ashford University.

You are invited to participate in a research study about (describe project in language the subject can easily understand).

You will be asked to (explain specifically what the subjects are going to be asked to do) that will take about (give time commitment) of your time. (If applicable, sample questions or description should be inserted here.)

The potential risks associated with this study are (include any foreseeable risks or discomforts to subject). We expected the project to benefit you in these ways (include any foreseeable benefits including class credit, etc.). You will receive (describe any reimbursement) as compensation for your participation (describe any conditions associated with reimbursement; e.g., payment for discontinuing or not completing tasks).

If you have decided to participate in this project, please understand that your participation is voluntary and that you have the right to withdraw your consent or discontinue participation at any time with no penalty. You also have the right to refuse to answer any question(s) for any reason with no penalty.

In addition, your individual privacy will be maintained in all publications or presentations resulting from this study. (Describe the methods you intend to take in order to protect your subjects' confidentiality/anonymity or explain that subjects' names may be used in the final research document. If you conduct an experiment where the subjects will be audio and/or video tape-recorded, you must explain what the disposition of the tapes will be at the conclusion of the study.)

(If federally funded, include the following.) This study is being funded by a federal agency that requires that data be collected in a form that may be analyzed for differences between men and women and races or ethnic groups.

If you have any questions regarding this project, you may contact the researcher at _____. If you have questions regarding your rights as research participant or any concerns regarding this project, you may report them – confidentially, if you wish – to _____, the Ashford University chairperson of the Institutional Review Board at _____.

A copy of this consent form will be provided to you.

I understand the above information and voluntarily consent to participate in the research.

Signature of Participant: _____ Date: _____

IRB Approval Number: _____ IRB Expiration Date: _____

