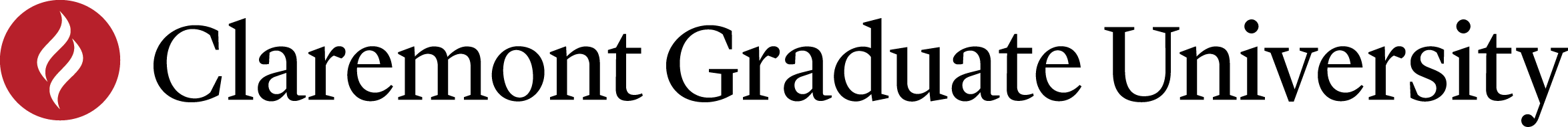
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**Agreement To Participate in *Descriptive Project Title***

None of the material with the turquoise background should appear in the consent form you submit to the IRB—these are instructions and examples only. **All elements of this form should be presented in *clear, nontechnical* language *appropriate to the age and expected literacy levels* of the participant pool** (no higher than 8th grade level).

You are invited to \_\_\_\_\_\_\_\_\_\_\_ a research project. While volunteering will probably not benefit you directly, you will be helping to the investigators to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If you decide to volunteer, you will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which would require about [# of m/h/d/w…] of your time. Volunteering for this study does not involve risk beyond what a typical person would experience on an ordinary day. [or “Volunteering for this study involves (description of risk)] Since your involvement is entirely voluntary, you may withdraw at any time for any reason. Please continue reading for more information about the study.

**Study Leadership:** This research project is led by name and title of Principal Investigator(s) of the Claremont Graduate University, who is being supervised by [if applicable, name, title and affiliation of faculty advisor].

**Purpose**: Provide a specific statement of purpose in nontechnical language, and summarize, in lay language, the scientific, scholarly, clinical, and any other objective(s) of the research.

**Eligibility**: State the specific inclusion/exclusion criteria.

**Participation**: During the study, you will be asked to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This will take about # minutes/hours/days/etc.

**Risks Of Participation:** The risks that you run by taking part in this study are \_\_\_\_\_\_\_\_\_\_\_\_\_ These risks include \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.[Use of **deception** in the study should be disclosed here.]

**Benefits Of Participation:** [I **or** We] [do not] expect the study to benefit you personally. [***If applicable***, i.e., if you do anticipate benefits for the subject:] The benefit(s) is/include \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This study will benefit the researcher(s) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This study is also intended to benefit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Compensation:** You [will/will not] be directly compensated [$ amount or description of item, if applicable] for participating in this study. [Include any conditions associated with reimbursement, such as completing a certain proportion of the study.]

**Voluntary Participation:** Your participation in this study is completely voluntary. You may stop or withdraw from the study [***If applicable*,** add “or refuse to answer any particular question for any reason”] at any time without it being held against you. Your decision whether or not to participate will have no effect on your current or future connection with anyone at CGU [*or with any other relevant entity/agency*]. [**For group settings**, describe the alternative to participation.]

**Confidentiality:** Your individual privacy will be protected in all papers, books, talks, posts, or stories resulting from this study. [If confidentiality/privacy will not be promised, disclose this fact]. [**NEW REQ:]** We may use the data we collect for future research or share it with other researchers, but we will not reveal your identity with it **[OR**: “We will not use the data we collect for future research, nor share it with others.”**].** In order to protect the confidentiality of your responses, [I **or** we] will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Sponsorship** [***If applicable***]: This study is being paid for by sponsoring agencies/funding source(s).

**Further Information:** If you have any questions or would like additional information about this study, please contact [name of the PI or a representative] at [phone number and email address] [**For student investigators:]** You may also contact [faculty supervisor] at [phone number and email address]. The CGU Institutional Review Board has approved this project. [**If status is EXEMPT**, replace “approved this project” with “certified this project as exempt**.”** If you have any ethical concerns about this project or about your rights as a human subject in research, you may contact the CGU IRB at (909) 607-9406 or at [irb@cgu.edu](mailto:irb@cgu.edu). A copy of this form will be given to you if you wish to keep it.

**Consent:** Your signature below means that you understand the information on this form, that someone has answered any and all questions you may have about this study, and you voluntarily agree to participate in it.

[**If applicable:** For online consent forms, surveys, or other projects in which the IRB specifically waives the requirement for a participant **SIGNATURE**, a checkbox or equivalent signal rather than a signature block is appropriate and acceptable.]

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[**If Applicable:**] The undersigned researcher has reviewed the information in this consent form with the participant and answered any of his or her questions about the study.

Signature of Researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Printed Name of Researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_