

Pensacola State College
Institutional Review Board
Informed Consent Form
(Student under 18)

Dear Parent/Guardian:

I am conducting a study to (insert brief description of study). In this study, your child will be asked to (insert here what interventions, activities will take place, e.g., take a short survey at the beginning of the semester, followed by another short survey the week before finals). In addition, (insert here any other student data being used, e.g., utilizing information available on the transcripts required for college admission, your child's high school mathematics and English grades will be compared to CPT scores and the grade received in this course).

There are no risks to your child.

All information will be handled in a strictly confidential manner, so that no one will be able to identify your child when the results are recorded and reported. Your child's participation in this study is totally voluntary and you may withdraw your child from the study at any time without negative consequences. If you wish to withdraw your child at any time during the study, simply send an email to (researcher's contact information) with "withdraw" in the subject line.

Please (insert information regarding disposition of forms, e.g., hand in to instructor, mail to researcher, etc.).

Please feel free to contact (researcher's name, title, and contact information) or (supervisor's name, title, and contact information), if you have any questions about the study.

Researcher's Signature
Mailing Address
Phone

I understand the study described and have been given a copy of the description as outlined above. I agree to allow my child to participate with his/her agreement when possible.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date: _____

Pensacola State College
Institutional Review Board
Informed Assent Form
(Student under 18)

Dear Student:

I am conducting a study to (insert brief description of study). In this study, you will be asked to (insert here what interventions, activities will take place, e.g., take a short survey at the beginning of the semester, followed by another short survey the week before finals). In addition, (insert here any other student data being used, e.g., utilizing information available on the transcripts required for college admission, your child's high school mathematics and English grades will be compared to CPT scores and the grade received in this course).

There are no risks to you.

All information will be handled in a strictly confidential manner, so that no one will be able to identify you when the results are recorded and reported. Your participation in this study is totally voluntary and you may withdraw at any time without negative consequences. If you wish to withdraw at any time during the study, simply send an email to (researcher's contact info) with "withdraw" in the subject line.

Please feel free to contact (researcher's name, title, and contact information) or (supervisor's name, title, and contact information) if you have any questions about the study.

Researcher's Signature
Mailing Address
Phone

I understand what my participation in this study involves and I want to take part in the study.

Student Printed Name:

Student Signature:

Date:

Pensacola State College
Institutional Review Board
Informed Consent Form
(Student 18 or over)

Dear Student:

I am conducting a study to determine (insert brief description of study). In this study, you will be asked to (insert what interventions or activities will take place, e.g., take a short survey at the beginning of the semester, followed by another short survey the week before finals). In addition, (insert any other data which may be used, e.g., utilizing information available on the transcripts required for college admission, your high school mathematics and English grades will be compared to CPT scores and the grade received in this course).

There are no risks to you.

All information will be handled in a strictly confidential manner, so that no one will be able to identify you when the results are recorded and reported. Your participation in this study is totally voluntary and you may withdraw at any time without negative consequences. If you wish to withdraw at any time during the study, simply send an email to (researcher's contact information) with "withdraw" in the subject line.

Please feel free to contact (researcher's name, title, and contact information) or (supervisor's name, title, and contact information) if you have any questions about the study.

Researcher's Signature
Mailing Address
Phone

I understand the study described and have been given a copy of the description as outlined above. I am 18 years of age or older and I agree to participate.

Student Printed Name:

Student Signature:

Date: _____

Pensacola State College
Institutional Review Board
Informed Consent Form
(College Faculty Member)

Dear Faculty Member:

I am conducting a study to determine (brief description of research). In this study, you will be asked to (activity, e.g., participate in a focus group to discuss this issue).

There are no risks to you.

All information will be handled in a strictly confidential manner, so that no one will be able to identify you when the results are recorded and reported. Your participation in this study is totally voluntary and you may withdraw at any time without negative consequences. If you wish to withdraw at any time during the study, simply send an email to (researcher's contact information) with "withdraw" in the subject line.

Please feel free to contact (researcher's name, title, and contact information) or (supervisor's name, title, and contact information) if you have any questions about the study.

Researcher's Signature
Mailing Address
Phone

I understand the study described above and have been given a copy of the description as outlined above. I am 18 years of age or older and I agree to participate.

Faculty Member's Printed Name and Title:

Faculty Member's Signature:

Date _____